

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 SEP 30 PM 3:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L 01000004630

1. Limited Liability Company's Name
Panhandle Holdings, LC

| | | | |
|--|-----------------------|--|-----------------------|
| 2. Principal Office Address <u>106 Brooks Street #1</u> | | 3. Mailing Office Address <u>194 Lynda Lane</u> | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State <u>Ft. Walton Beach, FL</u> | | City & State <u>Pine Mountain, GA</u> | |
| Zip <u>32549</u> | Country <u>USA</u> | Zip <u>31822</u> | Country <u>USA</u> |

| | |
|--|--|
| 4. State/Country of Formation <u>GA/USA</u> | |
| 5. Date Organized or Qualified To Do Business in Florida <u>03/08/2001</u> | |
| 6. FEI Number <u>58-2547369</u> | Applied For <input type="checkbox"/> |
| | Not Applicable <input type="checkbox"/> |
| 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status | |

8. Name and Address of Current Registered Agent

Name
Wallace W. Wade

Street Address (P.O. Box Number is Not Acceptable)
10221 W. Emerald Coast Pkwy

Suite, Apt. #, Etc.
Suite 26

City
Destin

State
FL

Zip Code
32541

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent W. Wade Wade X Date 9/28/04

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

| Titles | Name of Managing Members/Managers | Street Address of Each Managing Member/Manager | City / State / Zip |
|--------|-----------------------------------|--|---|
| Mgr | George D. Copelan | 194 Lynda Lane | Pine Mountain, GA 31822 |
| | | | 400041561354 10/04/04--01016--019 **250.00 |
| | | | 200 |

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager George D. Copelan Date 9/28/2004 Daytime Phone # 706-587-6770

Typed or printed name of signing Managing Member/Manager George D. Copelan

CR2E041 (10/02)