


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

# APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

**Glenda E. Hood**

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 NOV -6 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000005018

Name and Mailing Address

0002293 01 AT 0.292 \*\*AUTO T1 0 0615 32501-492006

CHISHOLM PROPERTIES OF PENSACOLA, L.L.C.  
406 E. WRIGHT STREET  
PENSACOLA FL 32501-4920



2. New Mailing Address <b>P.O. Box 1272</b>		4. State/Country of Formation <b>FL</b>	
City, State, Zip <b>PENSACOLA, FL 32591-1272</b>		5. Date Organized or Qualified To Do Business in Florida <b>03/30/2001</b>	
Principal Place of Business <b>406 E. WRIGHT STREET PENSACOLA FL 32501</b>	3. New Principal Place of Business Address <b>210 E. GARDEN STREET</b>		6. FEI Number <b>59-0370963</b>
	City, State, Zip <b>PENSACOLA, FL 32502</b>		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <b>\$5.00 Additional Fee required for a Certificate of Status</b>

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent		
MCCRARY, TED 4311 IRON GATE ROAD PENSACOLA FL 32504	Name		
	JOHNNY L. CHISHOLM		
	Street Address (P.O. Box Number is Not Acceptable)		
	210 E. GARDEN STREET		
	City	FL	Zip Code
	PENSACOLA		32502


10. 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 X [Signature] **SIGNATURE REQUIRED** Date 11/5/03

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	CHISHOLM, JOHNNY	<del>2225 HWY 90 NORTH</del> 210 E. GARDEN STREET	<del>JOHNSON, MS. 39203</del> PENSACOLA, FL. 32502
			000024096588
			11/21/03--01003--012 **150.00
			REINSTATEMENT 03
			dec

12. 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  **X SIGNATURE REQUIRED** Date 11/5/03 Daytime Phone # (850) 433-7499

Typed or printed name of signing Managing Member/Manager JOHNNY CHISHOLM