L01000007816

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 NOV -6 PM 4:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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11/06/02--01085--005 **150.00

DOCUMENT # L01000007816

1. Limited Liability Company's Name

Combs, Mitchell, Smith & Shaieb, LLC

2. Principal Office Address	**3.** Mailing Office Address
1827 Harrison Ave.	1827 Harrison Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Panama City, FL	City & State: Panama City, FL
Zip: 32405 Country: US	Zip: 32405 Country: US

4. State/Country of Formation: Florida/USA

5. Date Organized or Qualified To Do Business in Florida: 5/15/2001

6. FEI Number: 59-3727721 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: Jack G. Williams

Street Address (P.O. Box Number is Not Acceptable): 502 Harmon Avenue

Suite, Apt. #, Etc.:

City: Panama City | State: FL | Zip Code: 32401

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 _____ Date 11/04/02

REGISTERED AGENT MUST SIGN

CR2E041 (9/01)

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	Samuel L. Combs, III	1827 Harrison Ave.	Panama City, FL 32405
MGR	Thomas C. Michell	1827 Harrison Ave.	PPanama City, FL 32405
MGR	Kenneth W. Smith	1827 Harrison Ave.	Panama City, FL 32405
MGR	Mark D. Shaieb	1827 Harrison Ave.	Panama City, FL 32405

REINSTATEMENT

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 Samuel L. Combs Date 11/4/02 Daytime Phone # 850-785-6029

Typed or printed name of signing Managing Member/Manager Samuel L. Combs, III