

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR
REINSTATEMENT



Blenda L. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

1. DOCUMENT # L01000012071

Name and Mailing Address

0016074 01 MB 0.309 **AUTO T9 0 0615 36535-905572

SOUTHERN CENTURY OF FLORIDA CONSTRUCTION, LLC
8272 BAY VIEW DRIVE
FOLEY AL 36535-9055

03 NOV 13 PM 3:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900024639189
11/13/03--01051--007 **150.00



US

2. New Mailing Address P.O. Box 1276 City, State, Zip Orange Beach, AL 36561		4. State/Country of Formation FL	
Principal Place of Business 8272 BAY VIEW DRIVE FOLEY AL 36535 US		5. Date Organized or Qualified To Do Business in Florida 07/23/2001	
3. New Principal Place of Business Address P.O. Box 1276 City, State, Zip Orange Beach, AL 36561		6. FEI Number 62-1279682 Applied For Not Applicable	
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

CR2E034 (7/03)

8. Name and Address of Current Registered Agent WILLIAMS, JACK G 502 HARMON AVENUE PANAMA CITY FL 32401		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 SIGNATURE REQUIRED Date 11/10/03

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	HARBOUR, MELINDA C	6501 RED HOOK PLAZA, SUITE 201 PMB	ST. THOMAS VI 00802
MGRM	HARBOUR, C.B. IV	4513 HIXSON PIKE, SUITE 108	CHATTANOOGA TN 37343

REINSTATEMENT 03
AL

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 SIGNATURE REQUIRED Date 10-23-03 Daytime Phone # 251-981-5496

Typed or printed name of signing Managing Member/Manager.