PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10-1-04
$250.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 JUL 10 AM 11:0

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L01000012620

1. Limited Liability Company's Name

Cook Elrod Johnson, LLC
50 Uptown Grayton Circle #15
Santa Rosa Beach, FL 32459

CR2E041 (8/05)

2. Principal Office Address	**3.** Mailing Office Address
50 Uptown Grayton Circle	50 Uptown Grayton Circle
Suite, Apt. #, etc.: #15	Suite, Apt. #, etc.: #15
City & State: Santa Rosa Beach, FL	City & State: Santa Rosa Beach, FL
Zip: 32459 Country: USA	Zip: 32459 Country: USA

4. State/Country of Formation: Florida, USA

5. Date Organized or Qualified To Do Business in Florida: 07/30/2001

6. FEI Number: 59-3735007 ☐ 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: Brad Congleton CPA, Inc.

Street Address (P.O. Box Number is Not Acceptable): 50 Uptown Grayton Circle

Suite, Apt. #, Etc.: #15

City: Santa Rosa Beach, FL State: FL Zip Code: 32459

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: 6/30/06
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
MGRM	Linda C Johnson	1476 White Side Mountain Road	Highlands, NC 28741
MGM	Angelia L Johnson-Waller	32 E. County Highway 30A	Santa Rosa Beach, FL 32459
MGM	Julie Johnson	P.O. Box 578	Highlands, NC 28741
MGM	James T. Elrod	P.O. Box 669	Panama City Beach, FL 32411
		REINSTATEMENT 04-06	
		000077521240	

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: _____ Date: 6/16/06 Daytime Phone #: 828-526-1960

Typed or printed name of signing Managing Member/Manager: _____