

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 FEB -9 PM 1:50

DOCUMENT # L01000015200

1. Limited Liability Company's Name ENGENDER L.L.C

400028413324  
02/09/04--01054--010 \*\*250.00

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| <b>2. Principal Office Address</b><br><u>BRENT</u><br><u>503 BRENT LANE</u><br>Suite, Apt. #, etc.<br><u>B</u><br>City & State<br><u>PENSACOLA, FL.</u><br>Zip<br><u>32503</u> Country<br><u>USA</u> |  | <b>3. Mailing Office Address</b><br><u>2318 MALYSA PLACE</u><br>Suite, Apt. #, etc.<br><br>City & State<br><u>PENSACOLA FL.</u><br>Zip<br><u>32504</u> Country<br><u>USA</u> |  | <b>4. State/Country of Formation</b><br><u>ESCAMBIA</u>   |  |
|  |  |  |  | <b>5. Date Organized or Qualified To Do Business in Florida</b><br><u>8/31/01</u>   |  |
|  |  |  |  | <b>6. FEI Number</b><br><u>59-3747581</u> Applied For<br>Not Applicable   |  |
|  |  |  |  | <b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status |  |

**8. Name and Address of Current Registered Agent**

|  |                    |                          |
|--|--------------------|--------------------------|
| Name<br><u>ROGER YORK</u>  |                    |                          |
| Street Address (P.O. Box Number is Not Acceptable)<br><u>2318 MALYSA PLACE</u> |                    |                          |
| Suite, Apt. #, Etc.<br><br>  |                    |                          |
| City<br><u>PENSACOLA</u>   | State<br><u>FL</u> | Zip Code<br><u>32504</u> |

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 Roger York Date 1/13/04  
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          |
|------------------------------|-----------------------------------|--|-----------------------------|
| <u>MANAGER</u><br><u>MGR</u> | <u>THERESA YORK</u>               | <u>2318 MALYSA PLACE</u>                       | <u>PENSACOLA, FL. 32504</u> |
|                              |                                   |  |                             |
|                              |                                   |  |                             |
|                              |                                   |  |                             |
|                              |                                   |  |                             |
|                              |                                   |  |                             |

REINSTATEMENT 02-04  
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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 Theresa York Date 1/13/04 Daytime Phone # 850-438-5559  
Typed or printed name of signing Managing Member/Manager THERESA YORK

CR2E041 (10/02)