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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L01000017637

APPLICATION FOR REINSTATEMENT

DIVISION OF CORPORATIONS

FILED

03 DEC -9 AM 9:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000017637

Name and Mailing Address

0002545 01 AT 0.292 **AUTO T1 0 0615 32561-416420

SIMS ENTERPRISES OF GULF BREEZE, LLC
20 MCLANE ROAD
GULF BREEZE FL 32561-4164

CR2E084 (7/03)

2. New Mailing Address

City, State, Zip

4. State/Country of Formation
FL

5. Date Organized or Qualified To Do Business in Florida 10/15/2001

Principal Place of Business
20 MCLANE ROAD
GULF BREEZE FL 32561

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number
NOT APPLICABLE

☐ 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

HUSTON, GARY W
125 W. ROMANA ST., STE. 800
PENSACOLA FL 32501

9. Name and Address of New Registered Agent

Name Kenneth C. Sims

Street Address (P.O. Box Number is Not Acceptable) 20 McLane Rd

City Gulf Breeze, FL Zip Code 32561

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 12/01/03

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 | SIMS, KENNETH C | 20 MCLANE RD | GULF BREEZE FL 32561 |
| MGR | SIMS, SHARON | 20 MCLANE RD | GULF BREEZE FL 32561 |
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12/09/03--01010--017 **150.00

REINSTATEMENT 2003

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 12/01/03 Daytime Phone # 850-429-2802

Typed or printed name of signing Managing Member/Manager Kenneth C. Sims