

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2004 MAY -6 AM 10: 22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L01000019770

1. Limited Liability Company's Name

4-2-MORROW, LLC

2. Principal Office Address

4301 Spanish Trail

Suite, Apt. #, etc.

City & State

Pensacola, FL

Zip

Country

3. Mailing Office Address

4301 Spanish Trail

Suite, Apt. #, etc.

City & State

Pensacola, FL

Zip

Country

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified
To Do Business in Florida

November 15, 2001

6. FEI Number

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

William E. Farrington, II

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

307 South Palafox Street

Suite, Apt. #, Etc.

City

Pensacola,

State
FL

Zip Code
32502

900033092689
04/19/04--01065--020 **205.00

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

[Handwritten Signature]

Date

5/3/04

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
MGRM	Jones, Roy, Jr.	4301 Spanish Trail	Pensacola, FL 32504

REINSTATEMENT
03-04-04
de
RA must sign

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

[Handwritten Signature]

Date

4-13-04

Daytime Phone #

850-433-8292

Typed or printed name of signing Managing Member/Manager

CR2E041 (10/02)

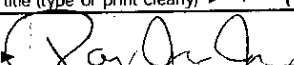
Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

EIN **05-1174978**
 OMB No. 1545-0003

▶ See separate instructions for each line. ▶ Keep a copy for your records.

Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested 4-2-Morrow, LLC	
	2 Trade name of business (if different from name on line 1) N/A	3 Executor, trustee, "care of" name N/A
	4a Mailing address (room, apt., suite no. and street, or P.O. box) 403 S. Palafox ST.	5a Street address (if different) (Do not enter a P.O. box.) N/A
	4b City, state, and ZIP code Pensacola, FL 32501	5b City, state, and ZIP code N/A
	6 County and state where principal business is located Escambia County, STATE OF FLORIDA	
	7a Name of principal officer, general partner, grantor, owner, or trustor Roy Jones, JR.	7b SSN, ITIN, or EIN 589-20-5880
8a	Type of entity (check only one box)	
	<input type="checkbox"/> Sole proprietor (SSN) _____ <input type="checkbox"/> Partnership _____ <input type="checkbox"/> Corporation (enter form number to be filed) ▶ _____ <input type="checkbox"/> Personal service corp. _____ <input type="checkbox"/> Church or church-controlled organization _____ <input type="checkbox"/> Other nonprofit organization (specify) ▶ _____ <input checked="" type="checkbox"/> Other (specify) ▶ Limited Liability Company - a disregarded entity.	
	<input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Plan administrator (SSN) _____ <input type="checkbox"/> Trust (SSN of grantor) _____ <input type="checkbox"/> National Guard - <input type="checkbox"/> State/local government _____ <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military _____ <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises _____ Group Exemption Number (GEN) ▶ _____	
8b	If a corporation, name the state or foreign country (if applicable) where incorporated State _____ Foreign country _____	
9	Reason for applying (check only one box)	
	<input checked="" type="checkbox"/> Started new business (specify type) ▶ Real Estate Investment <input type="checkbox"/> Hired employees (Check the box and see line 12.) _____ <input type="checkbox"/> Compliance with IRS withholding regulations _____ <input type="checkbox"/> Other (specify) ▶ _____ <input type="checkbox"/> Banking purpose (specify purpose) ▶ _____ <input type="checkbox"/> Changed type of organization (specify new type) ▶ _____ <input type="checkbox"/> Purchased going business _____ <input type="checkbox"/> Created a trust (specify type) ▶ _____ <input type="checkbox"/> Created a pension plan (specify type) ▶ _____	
10	Date business started or acquired (month, day, year) November 15, 2001	11 Closing month of accounting year December
12	First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ▶ N/A	
13	Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "-0-". ▶	Agricultural <input checked="" type="checkbox"/> Household <input checked="" type="checkbox"/> Other <input checked="" type="checkbox"/>
14	Check one box that best describes the principal activity of your business.	
	<input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker <input checked="" type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail <input type="checkbox"/> Other (specify) _____	
15	Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. Real Estate Investment Holding Company	
16a	Has the applicant ever applied for an employer identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Note: If "Yes," please complete lines 16b and 16c.	
16b	If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶ N/A Trade name ▶ N/A	
16c	Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (mo., day, year) N/A City and state where filed N/A Previous EIN N/A	

Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.		
Third Party Designee	Designee's name WILLIAM E. FARRINGTON II	Designee's telephone number (include area code) (850) 438-1111
	Address and ZIP code 307 S. Palafox ST. Pensacola, FL 32501	Designee's fax number (include area code) (850) 438-0814
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.		
Name and title (type or print clearly) ▶ Roy Jones, JR., OPERATING MANAGER		Applicant's telephone number (include area code) (850) 433-8292
Signature ▶ 	Date ▶ 2/19/03	Applicant's fax number (include area code) (850) 433-7788

WILSON, HARRELL, SMITH, FARRINGTON & FORD, P.A.

ATTORNEYS AT LAW
307 SOUTH PALAFOX STREET
PENSACOLA, FLORIDA 32502

JAMES M. WILSON
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CERTIFIED CIRCUIT COURT MEDIATOR
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MICHAEL D. SMITH
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April 14, 2004

Division of Corporations
Registration Section
Post Office Box 6327
Tallahassee, FL 32314

RE: 4-2-Morrow, Limited Liability Company

Dear Sir or Madam:

Enclosed please find the Reinstatement form regarding the above-referenced company. Also enclosed is my firm check in the amount of \$205.00 to cover the cost of the reinstatement and the certificate of status.

Thank you and please contact me if you have any questions.

Sincerely,


WILLIAM E. FARRINGTON, II

WEFII/las
Enclosures