MAY.26.2004 2:51PM NO.137 P.1/2

L07000061699

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

04 MAY 28 PM 4:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

300037437023
06/01/04--01020--001 **200.00

DOCUMENT # L07000061699

1. Limited Liability Company's Name
Aim Wholesale of Alabama, LLC

2. Principal Office Address	3. Mailing Office Address
150 LEGEND LAKES DR	POB 27450
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Panama City Bch	City & State: FL
Zip: 32411 Country: BAY	Zip: Country: BAY

4. State/Country of Formation: FLORIDA / BAY
5. Date Organized or Qualified To Do Business in Florida: 2002
6. FEI Number: 03-0373128 ☐ 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: ANDREW Morros
Street Address (P.O. Box Number is Not Acceptable): 150 LEGEND LAKES DRIVE / POB 27450
Suite, Apt. #, Etc.:
City: PANAMA CITY BCH State: FL Zip Code: 32411

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: Andrew Morros Date: 5.26.04
REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

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
Pres	ANDREW Morros	150 Legend Lakes Dr	PCB, FL 32411
		REINSTATEMENT 2003-2004	

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: Andrew Morros Date: 5-26-04 Daytime Phone #: 850 258 9575

Typed or printed name of signing Managing Member/Manager: ANDREW K MORROS