

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JAN -8 PM 3:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L020000013188

1. Limited Liability Company's Name

WEST TENNESSEE, LLC

9/26/03

MR

2. Principal Office Address

1637 Metropolitan Blvd

3. Mailing Office Address

Suite, Apt. #, etc.

Suite C

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Zip

32308

Country

Leon

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

05/29/2002

6. FEI Number

425-31-3624

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

Frederick L. Bateman, Jr.

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

300 East Park Avenue

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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

[Signature]

Date January 8, 2004

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	Jeffrey C. Swank	1637 Metropolitan Blvd, Suite C	Tallahassee, FL 32308

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

[Signature]

Date 1/08/04

Daytime Phone # (850) 942-0006 Ext. 1

Typed or printed name of signing Managing Member/Manager Jeffrey C. Swank

CR2E041 (10/02)