

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



DIVISION OF CORPORATIONS

L02000015916

FILED

03 OCT 21 PM 3:05

STATE OF FLORIDA
TALLAHASSEE

1. DOCUMENT # L02000015916

Name and Mailing Address

0002324 01 AT 0.292 **AUTO T1 0 0615 32503-346040



CORTE & BRINDLEY, LLC
3840 BAISDEN ROAD
PENSACOLA FL 32503-3460



BK

2. New Mailing Address <i>(Same)</i>		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 06/25/2002	
Principal Place of Business 3840 BAISDEN ROAD PENSACOLA FL 32503	3. New Principal Place of Business Address City, State, Zip	6. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
8. Name and Address of Current Registered Agent BRINDLEY, JOE JR. 3840 BAISDEN ROAD PENSACOLA FL 32503		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name <i>(Same)</i> Street Address (P. Box Number is Not Acceptable) City FL Zip Code			
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 <i>Joe Brindley</i> SIGNATURE REQUIRED Date <u>10/20/03</u> 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	BRINDLEY, JOE JR.	3840 BAISDEN ROAD	PENSACOLA FL 32503
MGRM	AC3, INC.	200 ROCK CREEK PARKWAY	FAIRHOPE AL 36532
<p>8000241281288 10/30/03--01015--025 **155.00</p> <p>REINSTATEMENT 2003</p> <p><i>BK</i></p>			

CR2E084 (7/03)

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 *Joe Brindley* **SIGNATURE REQUIRED** Date 10/20/03 Daytime Phone (850) 380-0210

Typed or printed name of signing Managing Member/Manager