

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP 28 AM 11:13

DOCUMENT # L020000 19450

1. Limited Liability Company's Name

Bay County Investment Group, LLC

200080212532
09/27/06--01001--008 **305.00

CR2E041 (8/05)

2. Principal Office Address

2200 Stanford Rd.

Suite, Apt. #, etc.

City & State

Panama City, Florida

Zip

32405

Country

U.S.A.

3. Mailing Office Address

P.O. Box 1848

Suite, Apt. #, etc.

City & State

Zip

32401

Country

U.S.A.

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

7/31/2002

6. FEI Number

590506660

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

J. Daniel Sizemore

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

2200 Stanford Road

Suite, Apt. #, Etc.

City

Panama City

State

FL

Zip Code

32405

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:

Date 9/20/06

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
MGMR	J. Daniel Sizemore	2200 Stanford Road	Panama City, Fl 32405
MGMR	J. Walters Ginn	2200 Stanford Road	Panama City, Fl 32405

REINSTATEMENT 03-06

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:

Date 9/20/06

Daytime Phone# 850-522-4000

Typed or printed name of signing Managing Member/Manager J. Daniel Sizemore