

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # **L02 000028405**

1. Limited Liability Company's Name

TUPELO MITIGATION COMPANY, L.L.C.

REINSTATEMENT 2003 - 2004

2. Principal Office Address

550 GREENSBORO AVENUE

Suite, Apt. #, etc.

City & State

TUSCALOOSA, ALABAMA

Zip

35401

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

OCTOBER 25, 2002

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

CLIFFORD B. NEWTON, ESQUIRE

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

10192 SAN JOSE BOULEVARD

Suite, Apt. #, Etc.

City

JACKSONVILLE

State
FL

Zip Code
32257

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]
REGISTERED AGENT MUST SIGN

Date

4/22/04

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 |
|------------|--|---|---------------------------|
| MGR MBR | FLORIDA MITIGATION PROVIDERS, I | 550 GREENSBORO AVE., STE 507 | TUSCALOOSA, AL 35401 |
| MGRM | GENERAL MITIGATION CREDIT INVESTORS LLC | 777 S. Flagler Dr. #1101 E | West Palm Beach, FL 33401 |
| | | | |
| | | | |
| | REINSTATEMENT | 2003 - 2004 | |
| | | | |

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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.

General Mitigation Credit Investors LLC

Signature of
Managing Member/Manager

[Signature]

Date

4/29/04

Daytime Phone #

(561) 833-3777

Typed or printed name of signing Managing Member/Manager

Doranne M. Garvin, Vice President and Secretary

CR2E041 (10/02)