


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**FILED**

2006 MAY 17 AM 10:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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05/26/06--01059--013 \*\*\*200.00  
CR2E041 (8/05)

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L02000028405

1. Limited Liability Company's Name

Tupelo Mitigation Company, L.L.C.

*BR*  
**05**

2. Principal Office Address <b>841 Prudential Drive</b> Suite, Apt. #, etc. <b>Suite 1430</b> City & State <b>Jacksonville, FL</b> Zip <b>32207</b>		3. Mailing Office Address <b>841 Prudential Drive</b> Suite, Apt. #, etc. <b>Suite 1430</b> City & State <b>Jacksonville, FL</b> Zip <b>32207</b>	
Country <b>USA</b>		Country <b>USA</b>	

4. State/Country of Formation <b>Florida</b>	
5. Date Organized or Qualified To Do Business in Florida <b>10/25/2002</b>	
6. FEL Number <b>82-0573206</b>	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name <b>Gresham R. Stoneburner</b>			
Street Address (P.O. Box Number is Not Acceptable) <b>841 Prudential Drive</b>			
Suite, Apt. #, Etc. <b>Suite 1400</b>			
City <b>Jacksonville,</b>		State <b>FL</b>	Zip Code <b>32207</b>

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 *Gresham R. Stoneburner*  
 REGISTERED AGENT MUST SIGN

Date 5/16/06

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	Florida Mitigation Providers, LLC	841 Prudential Dr., Ste 1400	Jacksonville, FL 32207
MGRM	General Mitigation Credit Investors, LLC	777 S. Flagler Dr., Ste 1101 E	West Palm Beach, FL 33401

**REINSTATEMENT 2005-2006**

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 5/16/06 Daytime Phone # 9048214322

Typed or printed name of signing Managing Member/Manager \_\_\_\_\_