2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 05, 2006
Secretary of State

DOCUMENT# L03000011206

Entity Name: REBOL-BATTLE & ASSOCIATES, L.L.C.

Current Principal Place of Business:

310 E. GOVERNMENT ST A2
PENSACOLA, FL 32502

New Principal Place of Business:

214 EAST CHURCH STREET
PENSACOLA, FL 32502

Current Mailing Address:

310 E. GOVERNMENT ST A2
PENSACOLA, FL 32502

New Mailing Address:

214 EAST CHURCH STREET
PENSACOLA, FL 32502

FEI Number: 14-1880334 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BATTLE, PAUL
500 W. MALLORY ST.
PENSACOLA, FL 32501 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: PAUL A. BATTLE

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: BATTLE, PAUL
Address: 500 W. MALLORY STREET
City-St-Zip: PENSACOLA, FL 32501

Title: MGRM ( ) Delete
Name: REBOL, JASON
Address: 16 W GONZALEZ STREET
City-St-Zip: PENSACOLA, FL 32501

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: PAUL BATTLE MGRM 10/05/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date