

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC 29 AM 9:08

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000012085

1. Limited Liability Company's Name

Emory Development, LLC

2. Principal Office Address

15400 Emerald Coast Parkway

Suite, Apt. #, etc.

Unit #707

City & State

Destin, FL

Zip

32541

Country

USA

3. Mailing Office Address

300 Blake Road

Suite, Apt. #, etc.

City & State

Oakdale, TN

Zip

37829

Country

USA

CR2E041 (8/05)

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified
To Do Business in Florida

April 3, 2003

6. FEI Number

113683496

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

Bill Mitchell

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

308 Stillwater Cove

Suite, Apt. #, Etc.

City

Destin

State

FL

Zip Code

32541

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 12-18-06

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
MGR	Karen Kittrell	300 Blake Road	Oakdale, TN 37829
MGR	Steve Kittrell	300 Blake Road	Oakdale, TN 37829

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REINSTATEMENT

04-06

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

[Signature]

Date 12/18/06

Daytime Phone #

423-369-2661

Typed or printed name of signing Managing Member/Manager

Steve Kittrell