

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000041556

1. Limited Liability Company's Name

LM 107, LLC

2. Principal Office Address - No P.O. Box #
6320 Caprice Lane

Suite, Apt. #, etc.

City & State

Montgomery, AL

Zip

36117-4658

Country

Montgomery

3. Mailing Office Address
6320 Caprice Lane

Suite, Apt. #, etc.

City & State

Montgomery, AL

Zip

36117-4658

Country

Montgomery

4. State/Country of Formation
Florida

**5. Date Organized or Qualified
To Do Business in Florida** 10/20/2003

6. FEI Number
20-0504115

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

A. Wayne Williamson

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

1020 Ferdon Blvd. South

Suite, Apt. #, Etc.

City

Crestview

State

FL

Zip Code

32536

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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

REGISTERED AGENT MUST SIGN

Date

11/11/08

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	Mariannie B. Smith <i>MBS</i>	6320 Caprice Lane	Montgomery, AL 36117

300124381043
12/11/08--01007--003 **398.75

REINSTATEMENT

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

12-02-08

Daytime Phone # 334-279-2005

Typed or printed name of signing Managing Member/Manager **Mariannie B. Smith** *MBS*