

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR 10 AM 9:04

DOCUMENT # L03000041740

1. Limited Liability Company's Name

CAABG, LLC

2. Principal Office Address

321 E. Nine Mile Rd

Suite, Apt. #, etc.

3. Mailing Office Address

321 E. Nine Mile Rd

Suite, Apt. #, etc.

City & State

Pensacola, FL

City & State

Pensacola, FL

Zip

32514

Country

Escambia

Zip

32514

Country

Escambia

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

October 29, 2003

6. FEI Number

20-0345684

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

William J. Whibbs, MD

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

321 E. Nine Mile Road

Suite, Apt. #, Etc.

900069162009

03/31/05-01052-017 **20.00

City

Pensacola

State

FL

Zip Code

32514

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 02-22-06

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	William J. Whibbs	321 E. Nine Mile Rd	Pensacola, FL 32514
MGRM	Karen G. Snow	321 E. Nine Mile Rd	Pensacola, FL 32514
MGRM	Jennifer G. Miley	321 E. Nine Mile Rd	Pensacola, FL 32514
MGRM	Alicia L. Chen	321 E. Nine Mile Rd	Pensacola, FL 32514

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 02-22-06 Daytime Phone # 850-432-8565

Typed or printed name of signing Managing Member/Manager William J. Whibbs, MD