

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

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

Zip
32514

City & State
Pensacola, FL

Zip
32514

Country
Escambia

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

CR2E041 (8/05)

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.

900069162005
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

Date 102-22-06

REGISTERED AGENT MUST SIGN

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

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

Date 102-22-06 Daytime Phone # 850-432-2565

Typed or printed name of signing Managing Member/Manager xw.11mJCh.8bs.mud