


# 2004 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 JAN 31 AM 10:40

DOCUMENT # L03000045031		
1. Entity Name THOMAS P. OWENS, LLC		

Principal Place of Business 379 PLANTATION ROAD WEWAHITCHKA, FL 32465	Mailing Address 379 PLANTATION ROAD WEWAHITCHKA, FL 32465 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

11022004 REIN-LLC CR2E101 (6/04)

4. FEI Number 255273330	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
OWENS, THOMAS P 379 PLANTATION ROAD WEWAHITCHKA, FL 32465		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Thomas P. Owens (NOTE: Registered Agent signature required when reinstating) DATE 1-26-05

FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$200.00	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OWENS, THOMAS P 379 PLANTATION ROAD WEWAHITCHKA, FL 32465 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000046085760 02/07/05--01035--001 **205.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Thomas P. Owens DATE 1-26-05 DAYTIME PHONE # 850-639-2119