L03000045895

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
06 NOV 30 AM 8:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400082181494

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (8/05)

DOCUMENT # L03000045895

1. Limited Liability Company's Name
Southern Ventures Finance, LLC

05 BK

2. Principal Office Address	**3.** Mailing Office Address
819 Pinedale Road	819 Pinedale Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft. Walton Beach, FL	City & State: Ft. Walton Beach, FL
Zip: 32547 Country: USA	Zip: 32547 Country: USA

4. State/Country of Formation: Florida/ USA

5. Date Organized or Qualified To Do Business in Florida: 11/19/2003

6. FEI Number: 20-2741500 ☐ 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: Carolyn Eaton

Street Address (P.O. Box Number is Not Acceptable): 819 Pinedale Road

Suite, Apt. #, Etc.:

City: Ft. Walton Beach | State: FL | Zip Code: 32547

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: Carolyn Eaton Date: 11/30/06
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
MGR/M	Southern Ventures of Okaloosa County, Inc.	819 Pinedale Road	Ft. Walton Beach, FL 32547

REINSTATEMENT 2005-2006

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: Brenda Henderson Date: 11/30/06 Daytime Phone #: 850-863-3243

Typed or printed name of signing Managing Member/Manager: Brenda Henderson as Vice-President of Southern Ventures of Okaloosa County, Inc.

CSC. CORPORATION SERVICE COMPANY

L030000045895

ACCOUNT NO. : 072100000032

REFERENCE : 631690 7463632

AUTHORIZATION : [signature]

COST LIMIT : $200.00

ORDER DATE : November 30, 2006

ORDER TIME : 1:32 PM

ORDER NO. : 631690-005

CUSTOMER NO: 7463632

DOMESTIC FILINGS

NAME: SOUTHERN VENTURES FINANCE, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Doreen Wallace - Ext# 2928

EXAMINER'S INITIALS _____

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