2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000052207 1. Entity Name CURLEE & THURMAN, LLC Principal Place of Business Mailing Address									
DOCUMENT # L03000052207					SEG LIST	<i>-</i>			
1. Entity Name				°′	*1310 + 0 = (*)	in ship			
CURLEE & THURMAN, LLC					06 FFR 11	** 110.7 ••	S		
			100	27.5		M 9: 19			
Principal Place of Business Mailing Addres						. •			
PO BOX 116 CHIPLEY, FL 32428		PO BOX 116 CHIPLEY, FL 32428							
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Principal Place of Business 3. Mailing Adaress									
2. Thopar idoo of Business		POBOL 614			T I DOUINI ANI ANIAN DINI DANI DANI DANI BENJA BENJA BINDA NAKO BERNI DEBARA NA 1912				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02132006	02132006 REIN-LLC CR2E101 (11/05)				
City & State		City & State ey, FL		4. FEI Numb	Number Applied For Not Applicable Not Applicable				
Zip Country Zip		22428	22428 Country 4		5. Certificate of Status Desired S5.00 Additional Fee Required				
6. Name and Address of Current Registered Agent				7. Name an	d Address of New I				
THURMAN, BRYAN				Narne					
1752C HWY 90			Street A	Street Address (P.O. Box Number is Not Acceptable)					
CHIPLEY, FL 32428									
			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 Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
FILE NOW!!! FEE IS \$100.00 In accordance with s. 607 liability company did not r				F.S., the limited prior notice. Make check payable to Florida Department of State					
9.	MANAGING MEMBER	RS/MANAGERS	10. TITLE	MARM	ADDITIONS	/CHANGES	hange	Addition	
NAME	THURMAN, BRYAN	E Delete	NAME	John L Que	rlee	۰	Harrys	Jan Auditori	
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11. I hered: certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

2/13/0