

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 APR 24 AM 10:26

DOCUMENT # L04000020970 1. Entity Name DANA NICHOLS SERVICE CO. LLC					
Principal Place of Business 3005 W. GONZALEZ STREET PENSACOLA, FL 32505			Mailing Address 3005 W. GONZALEZ STREET PENSACOLA, FL 32505		
2. Principal Place of Business 3432 Oak Tree Lane Suite, Apt. #, etc.		3. Mailing Address 3432 Oak Tree Lane Suite, Apt. #, etc.			
City & State Pace FL		City & State Pace FL		4. FEI Number 050573204	
Zip 32571		Country Santa Rosa		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent NICHOLS, DANA E 3005 W. GONZALEZ STREET PENSACOLA, FL 32505				7. Name and Address of New Registered Agent Name Dana E. Nichols Street Address (P.O. Box Number is Not Acceptable) 3432 Oak Tree Lane City Pace FL Zip Code 32571	
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 Dana E. Nichols 4/18/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NICHOLS, DANA E 3005 W. GONZALEZ STREET PENSACOLA, FL 32505	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NICHOLS, DANA E 3432 OAK TREE LANE PACE FL 32571	<input checked="" 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 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.					
SIGNATURE: Dana Nichols <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			4/18/06 850-341-3235 <small>Date Daytime Phone #</small>		