1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 NOV -3 PM 1:31

DOCUMENT # L04000056405

CR2E041 (8/05)

05/04/05 900416 013 **50.00

1. Limited Liability Company's Name
Pay Out LLC

2. Principal Office Address	3. Mailing Office Address
3011 N. 26th Ave	3011 N. 26th Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Milton, FL	City & State: Milton, FL
Zip: 32583 Country: Santa Rosa	Zip: 32583 Country: Santa Rosa

4. State/Country of Formation: Florida - USA

5. Date Organized or Qualified To Do Business in Florida: July 29, 2004

6. FEI Number: 90-0431603 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $30.00 Additional Fee required

8. Name and Address of Current Registered Agent

Name: Gary B. Leuchtman

Street Address (P.O. Box Number is Not Acceptable): 501 Commendencia Street

Suite, Apt. #, Etc.

City: Pensacola State: FL Zip Code: 32502

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: [signature] REGISTERED AGENT MUST SIGN Date

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MBRM	Lia Musick 51%	3011 N. 26th Ave	Milton, FL 32583
MBRM	Anthony Brown 49%	3011 N. 26th Ave	Milton, FL 32583

700091516747
11/08/06--01009--011 **50.00

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 608.408, 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: [signature] Date: 9/21/06 Daytime Phone #: 850-995-0159

Typed or printed name of signing Managing Member/Manager: Anthony Brown

2 of 2

October 30, 2006

Attn: Brenda Tadlock

Gary B. Leuchtman was the organizer/authorized representative last year for the company. All info went to Gary at 501 Commendencia Street Pensacola, Florida 32502. He never forward any info to us at Pay Out LLC. We had to change the address because we never received any of our mail or important documents. Now all mail and important documents come to us. We are very sorry for the mix up. If you have any questions please feel free to contact me (Peggy) at 850-393-4126 or Gena at the office 850-995-0189.

Thank You for your time on this matter.
Peggy Brown

Peggy Brown