

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**L04000094132**

**FILED**  
FEB 21 PM 4:12  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

**DOCUMENT #** L04000094132

**1. Limited Liability Company's Name**

DONNIE GIPSON LLC

BK

600066275036

CR2E041 (8/05)

05

**2. Principal Office Address**

1880 BRENDA AVENUE

Suite, Apt. #, etc.

**3. Mailing Office Address**

1880 BRENDA AVENUE

Suite, Apt. #, etc.

**City & State**

PENSACOLA

**City & State**

PENSACOLA

**Zip**

32506

**Country**

USA

**Zip**

32506

**Country**

USA

**4. State/Country of Formation**

FLORIDA

**5. Date Organized or Qualified  
To Do Business in Florida**

12/29/2004

**6. FEI Number**

264 83 4039

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**

CORPORATION SERVICE COMPANY

**Street Address (P.O. Box Number is Not Acceptable)**

1201 HAYS STREET

**Suite, Apt. #, Etc.**

**City**

TALLAHASSEE

**State**

FL

**Zip Code**

32301

**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**

Laura R. Dunlap

**Laura R. Dunlap  
as its agent**

**Date**

2/21/06

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
MGRM	DONNIE GIPSON	1880 BRENDA AVENUE	PENSACOLA, FL 32506

**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**

Donnie Gipson

**Date**

2-6-06

**Daytime Phone #**

850-529-8953

**Typed or printed name of signing Managing Member/Manager**

DONNIE GIPSON



CORPORATION SERVICE COMPANY

L04000094132

ACCOUNT NO. : 072100000032

REFERENCE : 878624 7466741

AUTHORIZATION

COST LIMIT : \$ 130.00

ORDER DATE : February 20, 2006

ORDER TIME : 12:15 PM

ORDER NO. : 878624-005

CUSTOMER NO: 7466741

200.00

2006 FEB 21 PM 4:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

DOMESTIC FILINGS

NAME: DONNIE GIPSON LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd - Ext# 2940

EXAMINER'S INITIALS \_\_\_\_\_

RECEIVED  
06 FEB 21 PM 12:50  
DIVISION OF CORPORATION