L05000004257

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 JAN 17 AM 9:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000004257

1. Limited Liability Company's Name
AHMW of Northwest Florida, LLC
06

2. Principal Office Address	3. Mailing Office Address
1037 Napaleay	1037 Napa Way
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Niceville, FL	City & State: Niceville FL
Zip: 32578 Country: USA	Zip: 32578 Country: USA

4. State/Country of Formation: OKALOOSA CO / FLORIDA

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number — 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: R. Scott Whitehead
100008825761 01/17/07 01050--005 **200.00
Street Address (P.O. Box Number is Not Acceptable): The Plaza
Suite, Apt. #: 4507 Fueling Lane, Ste 209
City: Destin | State: FL | Zip Code: 32541

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: _____ Date: 1-16-07
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	Kimberly B Alford	P.O. Box 6399 Destin, FL 32550	Destin, FL 32550
M&R	Laurie Hollowell	151 Regions Way Ste 4A Destin, FL 32541	Destin FL 32541
M&RM	Alex McGraw	200 Sandestin Ln Unit 1105	Miramar Bch 32550
MgrM	Pat Woolen	200 Sandestin Ln Unit 1103	Miramar Bch FL 32550
	REINSTATEMENT 2006-2007		

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: Alex McGraw Date: 1-16-07 Daytime Phone #: 850-543-5641

Typed or printed name of signing Managing Member/Manager: _____