


# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000037218	
1. Entity Name ALEC GLISSON LLC	

Principal Place of Business 5567 JOSEPH ST. TALLAHASSEE, FL 32305	Mailing Address 5567 JOSEPH ST. TALLAHASSEE, FL 32305
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2. Principal Place of Business 234 Tobacco Rd Suite, Apt. #, etc.	3. Mailing Address 234 Tobacco Rd Suite, Apt. #, etc.
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City & State <del>Fla</del> Havana, FL	City & State Havana Florida
Zip 32333	Zip 32333
Country USA	Country USA

6. Name and Address of Current Registered Agent GLISSON, ALEC 5567 JOSEPH ST. TALLAHASSEE, FL 32305	7. Name and Address of New Registered Agent Name Alec Glisson Street Address (P.O. Box Number is Not Acceptable) 234 Tobacco Rd City Havana FL Zip Code 32333
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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 Alec Glisson (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$50.00</b> After January 1, 2007, Fee will be \$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
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GLISSON, ALEC 5567 JOSEPH ST. TALLAHASSEE, FL 32305 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	234 Tobacco Rd <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Havana, FL 32333
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400082540194 12/14/06--01016--003 **50.00 <input 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
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
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
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: Alec Glisson 12-12-06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

FILED

06 DEC 12 AM 11:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



12122006 REIN-LLC CR2E101 (11/05)

4. FEI Number 14-1983647	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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**REINSTATEMENT**

2006  
DIB