PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	TALLAHASSEE. FLORIDA  08 JUN 19 PH 2: 19
1. Limited Liability Company's Name	00050436 of Tallahassie, LLC	
2. Principal Office Address - No P.O. Box#	3. Mailing Office Address	CR2E041 (12/07)
3011 HIGHLAND DAKS TEAR	969 SummenBasoka Da.	4. State/Country of Formation
Suite, Apt. #, etc. & - 2	Suite, Apt. #, etc.	Fleid a  5. Date Organized or Qualified To Do Business in Florida  5. 20 -0 5
City & State	City & State	
TOLLAHDSSEE, FL	TOURANSSEE, P.	6. FEI Number Applied For Not Applicable
Zip Country LEON	TOURANSSEE, R.  ZIP Country  32312 LEST	CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status
8. Name and Address of Current Registered Agent		1
Name YOLANDA FILKINGTON		A \$100 reinstatement fee is imposed, except
Street Address (P.O. Box Number is Not Acceptable) 909 Summen Brook & D.		in circumstances which the entity did not receive the prior notices. By checking this
Sulte, Apt. #, Etc.		box, you are certifying the prior notices were not received and requesting the \$100
Tollaum 39RE State Zip Code FL 323/2		reinstatement be waived.
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  REGISTERED AGENT MUST SIGN		
10. Names and Street Addresses of Managing Members/Managers		
Titles Name of Managing Members/Manage	Street Address of Eac ers Managing Member/Man	ager City / State / Zip
mgr Dallas Manster	all 3071 HIGHLAND.	OAKS TEAK: TALLAHASSEE H
10 13 13 7 N 12 13 15 06 28		
		700131500197
		06/19/0801020026 **416.25
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 filling this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608, 405, 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  Authorized Date 6/19/06 Daytime Phone # 850 - 294 - 4444  Typed or printed name of signing Managing Member/Manager		