PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT 2009 - 2017

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

17. 28

DOCUMENT # L05000057114

1. Limited Liability Company's Name
Gail K. Brooks, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
698 South Main Street	698 South Main Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Crestview, Florida	City & State: Crestview, Florida
Zip: 32536 Country: USA	Zip: 32536 Country: USA

CR2E041 (1/14)

4. State/Country of Formation: Florida, USA

5. Date Organized or Qualified To Do Business in Florida: 06/02/2005

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: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable) Suite:
1201 Hays Street

Apt. # Etc.

City: Tallahassee State: FL Zip Code: 32301

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9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: [signature] ROBERT BRANCH Asst. V.P. Date: 6/16/2017
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
Mgr.	Gail K. Brooks	698 South Main Street	Crestview,Florida 32536

11. E-mail Address: lwalker@mnmlaw.com
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0401, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member: Gail K Brooks Date: 06/16/2017 Daytime Phone #: 404-504-7631

Typed or printed name of signing authorized representative/member: Gail K. Brooks

K. ASHTON