2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # L050000 1. Entity Name LOT 27, LLC	059324		NOV 16 AM 9: 43
Principal Place of Business 615 GREENWICH CIR. VESTAVIA HILLS, AL 35216	Mailing Address 615 GREENWICH CIR. VESTAVIA HILLS, AL 352	116	
2. Principal Place of Business 605 Greenwich Circuite, Apt. #, etc.	3. Mailing Address 6. 6. 6. 6. 6. 6. 8. Suite, Apt. #, etc.	nwich Cir	11082006 REIN-LLC CR2E101 (11/05)
Vestavia Hills, AC Zip 35216 Country	City & State Vestaviath	IIS, AC Country	4. FEI Number 20 - 2980974 Applied For Not Applicable 5. Certificate of Status Desired \$5.00 Additional Fee Required
6. Name and Address of Cu KYNERS, KEVIN B 1050 HIGHWAY 98 UNIT 1406 DESTIN, FL 32541		/050 	
8. The above named entity submits this clashment 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 Signature. Typed or printed name of registered agent and little if applicable (NOTE: Registered Agent alignature required when reinstating) DATE			
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$20	0.00		Make check payable to Fiorida Department of State
	EMBERS/MANAGERS	10.	ADDITIONS/CHANGES
NAME KEVIN B. KYNERO STREET ADDRESS 615 Greenwich Vestaviz Hills,	1 Circle AL 35216	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100081827261 11/16/0601007017 **150.00
TITLE Member NAME Carter Cooper STREET ADDRESS GITY-ST-ZIP Birmingham,	□ Delete where varid AL 35243	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
Member Thomas V. Genet STREET ADDRESS LITY-ST-ZIP VESTEVIZ 14115, 1	tircle AL 35216	TITLE + NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□. Delete	TITLE NAME STREET AODRESS CITY-ST-ZIP	☐ Change ☐ 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Da			
SIGNATURE AND TYPED OR PRINTED N	AME OF SIGNING MANAGING MEMBER, MANAG	ER, OR AUTHORIZED REPRE	SENTATIVE Date Daytime Phone #