

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

\$150 TO: FLORIDA
DEPT. OF STATE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 OCT -5 AM 10:54

DOCUMENT # L05000060888					
1. Entity Name DON HURST SERVICES, LLC					
Principal Place of Business Donald Hurst 8348 Monticello DR. Pensacola FL 32514			Mailing Address Donald Hurst 8348 Monticello DR. Pensacola FL 32514		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. FEI Number 20-5319374				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HURST, DONALD 201 WEST MORENO STREET PENSACOLA, FL 32501			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$200.00		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME Donald Hurst <input type="checkbox"/> Delete			TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS 8348 Monticello DR.			STREET ADDRESS		
CITY-ST-ZIP Pensacola FL 32514			CITY-ST-ZIP		
TITLE NAME <input type="checkbox"/> Delete			TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE NAME <input type="checkbox"/> Delete			TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE NAME <input type="checkbox"/> Delete			TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE NAME <input type="checkbox"/> Delete			TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 606, Florida Statutes.					
SIGNATURE: <u>Donald Hurst</u> <u>9/26/06</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					