




# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

<b>DOCUMENT # L05000077166</b>						<b>FILED</b> <b>07 JUL 27 PM 1:04</b> <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b>			
<b>1. Entity Name</b> LAND OF AHHS, LLC				<b>Principal Place of Business</b> 3663 PRESERVE BLVD. PANAMA CITY, FL 32408				<b>Mailing Address</b> 3663 PRESERVE BLVD. PANAMA CITY, FL 32408	
<b>2. Principal Place of Business - No P.O. Box #</b>				<b>3. Mailing Address</b>					
Suite, Apt. #, etc.				Suite, Apt. #, etc.					
City & State				City & State					
Zip		Country		Zip		Country			
<b>4. FEI Number</b>				06012007 REIN-LLC CR2E101 (1/07)				<input checked="" type="checkbox"/> <b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>	
<b>5. Certificate of Status Desired</b>				<input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>					
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>					
LINDSEY, WM. SCOTT 1407 PIEDMONT DRIVE EAST TALLAHASSEE, FL 32308				Name Street Address (P.O. Box Number is Not Acceptable) City					
FL				Zip Code					
<b>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.</b>									
SIGNATURE <u>Wm Scott Long</u> <span style="float: right;">7/26/07</span> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>									
<b>FILE NOW!!! FEE IS \$200.00</b>					<b>Make check payable to Florida Department of State</b>				
<b>9. MANAGING MEMBERS/MANAGERS</b>					<b>10. ADDITIONS/CHANGES</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WAHL, MICHAEL J 3663 PRESERVE BLVD. PANAMA CITY, FL 32408				TITLE NAME STREET ADDRESS CITY-ST-ZIP	900106992489 07/31/07--01045--007 **200.00			
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			
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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			
<b>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.</b>									
SIGNATURE: <u>Wm Scott Long / authorized representative</u> <span style="float: right;">8/1/07 850-796</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone # 7087</small>									