2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000093 1. Entity Name BOB BLEDSOE, LLC .	823		FILED
Principal Place of Business 1479 ALT COUNTY RD 40 W PRATTVILLE, AL 36067 US	Mailing Address 1479 ALT COUNTY RD 40 PRATTVILLE, AL 36067) W US	2001 APR 23 A 11: 51 SECRETARY OF STATE
2. Principal Place of Business - No P.O. Box # 3 470 Nicholson Estates Ro Suite, Apt. #, etc.	3. Mailing Address A 70 N 10 Suite, Apt. #, etc.	inolsonEstad	04032007 REIN-LLC CR2E101 (1/07)
Fixe Florida 8	Pace, FC		4. FEI Number 2533441 Applied For Not Applicable
33571 Shutu Rosa 6. Name and Address of Current		Santarosa	5. Certificate of Status Desired \$5.00 Additional Fee Required 7. Name and Address of New Registered Agent
BLEDSOE, ROBERT E 6203 W FAIRFIELD DR PENSACOLA, FL 32506	g.w.v.v.y.w.	Name Bleck Street Address	ISOE, Robert E. (RO, Box Number is Not Acceptable)
8. The above named entity submits this statement to.	r the purpose of changing its re	Gistered office or registe	ered 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 when applicable (NOTE: Registered Agent signature required when reinstating) (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$200.00			Make check payable to Florida Department of State
9. MANAGING MEMBE		10.	ADDITIONS/CHANGES
ITITLE MGR NAME BLEDSOE, ROBERT E STREET ADDRESS 1479 ALT COUNTY RD 40 W CITY-ST-ZIP PRATTVILLE, AL 36067	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	FR Roberts Andition Addition Found Saturds Road
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 ADDRESS CITY-ST-ZIP	1000977422141 DAddition 04/20/0701002010 **265.00
TITLE NAME STREET ADDRESS CIY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition 06-67
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
11. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. If 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.			
SIGNATURE: 4 3/0/ SIGNATURE SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daylore Phone *			