2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000114806 1. Entity Name JUBILEE GRACEVILLE CENTER, LLC 07 OCT -4 PH 3: 34 Principal Place of Business Mailing Address 1111 S. BELTLINE HIGHWAY, SUITE 204 1111 S. BELTLINE HIGHWAY, SUITE 204 202 202 MOBILE, AL 36606 MOBILE, AL 36606 2. Principal Place of Business - No P.O. Box # Mailian Addrage ooutheast Real Estate Suite, Apt. #, etc. 09172007 REIN-LLC CR2E101 (1/07) City & State City & State 4. FEI Number Applied For APPLIED FOR 20-3843901 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired **U6A** Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City Zip Code FL 8. The above named entiry submits this statement for the purpose of changing armater #2 Algranae stered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agen **Assistant Secretary 2**δ Signature, typed or pr. ered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating Make check payable to In accordance with s. 607.193(2)(b), F.S., the limited FILE NOW!!! FEE (\$ \$50.00 liability company did not receive the prior notice. Florida Department of State After January 1, 2008, Fee will be \$100.00 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGRM TITLE MGR TITLE ☐ Delete □ Change Addition outheast Real Estate Investment Corp. JUBILEE CENTERS, LLC NAME NAME 3do2 Douphin St, Suite 2A STREET ADDRESS 1111 S. BELTLINE HIGHWAY, SUITE 204 STREET ADDRESS CITY-ST-ZIP MOBILE, AL 36606 CITY-ST-ZUP 36608 Mabile TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME 400110182454 STREET ADDRESS STREET ADDRESS 10/02/07---01038---020 **50.00 CITY-\$T-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZiP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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. SIGNATURE: SIGNATURE AND TYPED OR PRINCES NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE (257/460-45*7*0