

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

07 OCT -5 PM 2:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



09272007 REIN-LLC CR2E101 (1/07)

4. FEI Number **20-4703681** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

SALTER, PAUL E  
3572 SAWMILL CIRCLE  
PACE, FL 32571

## 7. Name and Address of New Registered Agent

Name **Salter, Paul E.**  
Street Address (P.O. Box Number is Not Acceptable)  
**4890 Bayou Blvd.**  
City **Pensacola** FL Zip Code **32503**

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 \$50.00**  
**After January 1, 2008, Fee will be \$100.00**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Make check payable to**  
**Florida Department of State**

## 9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	SALTER, PAUL E	
STREET ADDRESS	3572 SAWMILL CIRCLE	
CITY-ST-ZIP	PACE, FL 32571	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	SHELL, BRYAN S	
STREET ADDRESS	3348 VILLAGE GREEN DRIVE	
CITY-ST-ZIP	PACE, FL 32571	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	HAMMOND, ADRIAN F JR.	
STREET ADDRESS	9735 NORTH PALAFOX STREET	
CITY-ST-ZIP	PENSACOLA, FL 32534	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	HUDNALL, DUNCAN	
STREET ADDRESS	5508-B NORTH	
CITY-ST-ZIP	PENSACOLA, FL 32505	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 608, Florida Statutes.

SIGNATURE: Date Daytime Phone #

REINSTATEMENT