


# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 JUN 12 PM 1:48

<b>DOCUMENT # L06000010406</b> 1. Entity Name <b>B-NOSES, LLC</b>					
Principal Place of Business <b>3670 FLAT ROAD TALLAHASSEE, FL 32303</b>			Mailing Address <b>3670 FLAT ROAD TALLAHASSEE, FL 32303</b>		
2. Principal Place of Business - No P.O. Box # <b>2736 Pecan Rd</b> <small>Suite, Apt. #, etc.</small>		3. Mailing Address <b>2736 Pecan Rd.</b> <small>Suite, Apt. #, etc.</small>			
City & State <b>Tallahassee FL</b>		City & State <b>Tallahassee FL</b>			
Zip <b>32303</b>		Country <b>Leon</b>		Zip <b>32303</b>	
Country <b>Leon</b>		4. FEI Number <div style="float: right;">Applied For <input type="checkbox"/> Not Applicable</div>			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent  <b>WALKER, JAMES C 3670 FLAT ROAD TALLAHASSEE, FL 32303</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City <b>FL</b> 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 <u>James C Walker</u> - <u>James C. Walker</u> <u>June 2, 2008</u> <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 \$377.50</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WALKER, JAMES C 3670 FLAT ROAD TALLAHASSEE, FL 32303	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div> <div style="text-align: center; font-size: 1.2em;"> <b>500130927425</b>  <b>06/05/08--01048--003 **377.50</b> </div>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WALKER, DIANNE B 3670 FLAT ROAD TALLAHASSEE, FL 32303	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>			
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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: <u>James C Walker</u> <u>James C. Walker</u> <u>June 2, 2008</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

REINSTATEMENT 2007-08

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