
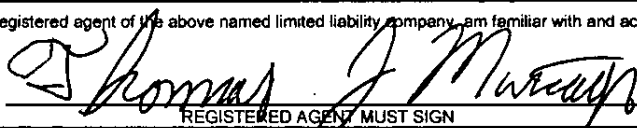
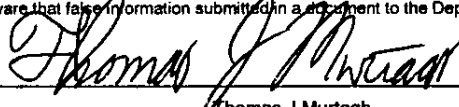


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 11 NOV 16 PM 3:45 SECRETARY OF STATE TALLAHASSEE, FLORIDA KS REINSTATEMENT, 10-11	
DOCUMENT # L06000021928 1. Limited Liability Company's Name NORTH WEST FLORIDA SEVICES, LLC					
2. Principal Office Address - No P.O. Box # 8121 Highway 90		3. Mailing Office Address 8121 Highway 90		4. State/Country of Formation Santa Rosa	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Date Organized or Qualified To Do Business in Florida 08/16/2007	
City & State Milton, Florida		City & State Milton, Florida		6. FEI Number 26-0664358 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
Zip 32583	Country Santa Rosa	Zip 32583	Country Santa Rosa	7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent Name Thomas J Murtagh Street Address (P.O. Box Number is Not Acceptable) 8121 Highway 90 Suite, Apt. #, Etc. City Milton State FL Zip Code 32583				E-mail Address: 400214426744 11/17/11--01006--011 **377.50 coldcreeklounge@hotmail.com (To be used for future annual report notices)	
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent  Date 11/14/11 REGISTERED AGENT MUST SIGN					
10. Names and Street Addresses of Managing Members/Managers					
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip		
MGR	Thomas J Murtagh	8121 Highway 90	Milton, Florida 32583		
11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Signature of Managing Member/Manager  Date 11/14/11 Daytime Phone # 850-207-5441 Typed or printed name of signing Managing Member/Manager Thomas J Murtagh					