

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2007 OCT 16 PM 3:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10092007 REIN-LLC CR2E101 (1/07)

DOCUMENT # L06000080004					
1. Entity Name GILLEY'S POLE BARNs LLC					
Principal Place of Business 1818 GILLEY LANE BONIFAY, FL 32425			Mailing Address 1818 GILLEY LANE BONIFAY, FL 32425		
2. Principal Place of Business - No P.O. Box # Bonifay 71		3. Mailing Address 1818 Gilley Ln.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Bonifay		City & State Fla		4. FEI Number	
Zip 32425		Country Holmes		Applied For <input checked="" type="checkbox"/> / Not Applicable <input type="checkbox"/>	
5. Certificate of Status Desired		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent GILLEY, HOWARD A 1818 GILLEY LANE BONIFAY, FL 32425			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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>Howard A. Gilley</u> 10-9-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$200.00			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GILLEY, HOWARD A 1818 GILLEY LANE BONIFAY, FL 32425	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	100110588371 10/10/07--01041--003 **200.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GILLEY, STEVE L 1818 GILLEY LANE BONIFAY, FL 32425	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KELLY, CHARLES 602 WEST KANSAS BONIFAY, FL 32425	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Howard A. Gilley				10-9-07	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE</small>				<small>Date Daytime Phone #</small>	