


2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000101235	
1. Entity Name BANCPLUS OF FLORIDA, LLC	

SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 OCT -8 PM 3: 32

Principal Place of Business 1419 W. WATERS AVENUE #112 TAMPA, FL 33604	Mailing Address 1419 W. WATERS AVENUE #112 TAMPA, FL 33604
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2. Principal Place of Business - No P.O. Box # 1731 Bright Meadow Cr	3. Mailing Address 1731 Bright Meadow Cr
Suite, Apt. #, etc.	Suite, Apt. #, etc.

09262007 REIN-LLC CR2E101 (1/07)

City & State Orlando, FL	City & State Orlando, FL
Zip 32818	Zip 32818
Country USA	Country USA

4. FEI Number 20-5724393	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent ELLIS, NATALLIA 1419 W. WATERS AVENUE #112 TAMPA, FL 33604	
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7. Name and Address of New Registered Agent	
Name Natalia Ellis	
Street Address (P.O. Box Number is Not Acceptable)	
1731 Bright Meadow Cr	
City Orlando	FL Zip Code 32818

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  DATE 7/27/07

FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$200.00	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HUMMEL, TAMMY 1419 W. WATERS AVENUE #112 TAMPA, FL 33604 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Ramunas Prochorshis 1731 Bright Meadow Cr Orlando, FL 32818 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ELLIS, NATALLIA 1419 W. WATERS AVENUE #112 TAMPA, FL 33604 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700110235077 10/03/07--01036--017 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	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	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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

REINSTATEMENT
2007

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 7/27/07 DAYTIME PHONE # (407) 435-4615