2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000010790

Entity Name: C & S ENTERPRIZES, LTD. CO

FILED Nov 10, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

555 SE STYLES WAY 10686 SW 49 TH ST LAKE CITY, FL 32025 JASPER, FL 32052

Current Mailing Address: New Mailing Address:

555 SE STYLES WAY 10686 SW 49 TH ST LAKE CITY, FL 32025 JASPER, FL 32052

FEI Number: 01-0883293 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

COMBS, GEORGE R
555 SE STYLES WAY
LAKE CITY, FL 32025 US
COX, BEN SR
10686 SW 49 TH ST
JASPER, FL 32052 US

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.

SIGNATURE: BEN COX, SR 11/10/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 COX, SR., BEN
 Name:

 Address:
 10686 SW 49TH ST
 Address:

 City-St-Zip:
 JASPER, FL 32052
 City-St-Zip:

Title: MGRM (X) Delete Title: () Change () Addition

 Name:
 COMBS, GEORGE R
 Name:

 Address:
 555 SE STYLES WAY
 Address:

 City-St-Zip:
 LAKE CITY, FL 32025
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BEN COX, SR MGR 11/10/2009