

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2008 NOV 26 AM 10:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



11182008 REIN-LLC CR2E101 (1/07)

4. FEI Number **20-8620178** Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

GILMORE, ROBERT A ESQ.  
~~4041 GULF STAR DRIVE~~ 120 Benning Dr.  
~~SUITE 102~~ Suite 1  
DESTIN, FL 32541

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 *[Signature]* DATE **11-18-08**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$238.75**  
**After January 1, 2009, Fee will be \$377.50**

**Make check payable to**  
**Florida Department of State**

## 9. MANAGING MEMBERS/MANAGERS

## 10. ADDITIONS/CHANGES

TITLE MGR  
NAME LONG, EUGENE  
STREET ADDRESS 406 BROAD STREET  
CITY-ST-ZIP LAGRANGE, GA 30240 ☐ Delete

TITLE  
NAME **900138181919** ☐ Change ☐ Addition  
STREET ADDRESS **11/21/08--01037--016 \*\*243.75**  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
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NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

**REINSTATEMENT-08**

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: *Eugene Long by Robert A. Gilmore* DATE **11-18-08** DAYTIME PHONE # **850-650-0546**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

*Eugene Long*  
MGR  
AS Power of Attorney