

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

03 DEC -2 AM 10:49

SECRETARY OF STATE
TALLAHASSEE FLORIDA



10302008 REIN-LLC CR2E101 (1/07)

4. FEI Number 59-2964397 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WITHERSPOON, JAMES H JR.
1220 PROSPECT AVE. SUITE 287
MELBOURNE, FL 32901

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	WITHERSPOON, JAMES H JR.	
STREET ADDRESS	1220 PROSPECT AVE. SUITE 287	
CITY-ST-ZIP	MELBOURNE, FL 32901	
TITLE	MGRM	<input checked="" type="checkbox"/> Delete
NAME	METOUR, CAROLE	
STREET ADDRESS	1220 PROSPECT AVE. SUITE 287	
CITY-ST-ZIP	MELBOURNE, FL 32901	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	NERY, CARL G	
STREET ADDRESS	1220 PROSPECT AVE. SUITE 287	
CITY-ST-ZIP	MELBOURNE, FL 32901	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	SPRUEILL, TONY	
STREET ADDRESS	2220 CENTRAL AVE.	
CITY-ST-ZIP	ST. PETERSBURG, FL 337121257	
TITLE	MGRM	<input checked="" type="checkbox"/> Delete
NAME	METOUR, HEATHER	
STREET ADDRESS	2220 CENTRAL AVE.	
CITY-ST-ZIP	ST. PETERSBURG, FL 337121257	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	MGRM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARROLL, MARGARET D	
STREET ADDRESS	305 HERITAGE DRIVE	
CITY-ST-ZIP	OXFORD, MS 38655	
TITLE	MGRM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARROLL, DAVID	
STREET ADDRESS	305 HERITAGE DRIVE	
CITY-ST-ZIP	OXFORD, MS 38655	
TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPRUEILL, TONY	
STREET ADDRESS	305 HERITAGE DRIVE	
CITY-ST-ZIP	OXFORD, MS 38655	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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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: [Signature] 11/25/08 321-693-5156
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #