

**2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

**FILED  
Oct 18, 2008  
Secretary of State**

DOCUMENT# L07000100312

Entity Name: CROWSON-CANTRELL DEVELOPMENT, LLC

**Current Principal Place of Business:**

5016 4TH PLACE  
MERIDIAN, MS 39305

**New Principal Place of Business:**

**Current Mailing Address:**

5016 4TH PLACE  
MERIDIAN, MS 39305

**New Mailing Address:**

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

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

CROWSON, THOMAS  
ONE DOUG FORD DRIVE  
PENSACOLA, FL 32507    US

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

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: THOMAS D. CROWSON

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title:                      MGR                      ( ) Delete  
Name:                      CROWSON, THOMAS  
Address:                      ONE DOUG FORD DRIVE  
City-St-Zip:                      PENSACOLA, FL 32507

Title:                      MGR                      ( ) Delete  
Name:                      CANTRELL, GREGORY  
Address:                      5016 4TH PLACE  
City-St-Zip:                      MERIDIAN, MS 39305

**ADDITIONS/CHANGES:**

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
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: THOMAS D. CROWSON

DR.

10/18/2008

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date