

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

182

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L07000103071

1. Limited Liability Company's Name

EUBANKS & HOWELL LLC

900182577429
06/24/10--01032--005 **516.25

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box # 1416 22ND STREET		3. Mailing Office Address 1416 22ND STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State NICEVILLE FL		City & State NICEVILLE FL	
Zip 32578	Country USA	Zip 32578	Country USA

4. State/Country of Formation FLORIDA/USA	
5. Date Organized or Qualified To Do Business in Florida 10/09/2007	
6. FEI Number 26-1215991	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name TERRY HOWELL			
Street Address (P.O. Box Number is Not Acceptable) 1416 22ND STREET			
Suite, Apt. #, Etc.			
City NICEVILLE		State FL	Zip Code 32578

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent Terry Howell
REGISTERED AGENT MUST SIGN

Date 6-22-2010

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	RANDALL EUBANKS	1703 18TH STREET	NICEVILLE FL 32578
MGRM	TERRY HOWELL	1416 22ND STREET	NICEVILLE FL 32578

REINSTATEMENT 2008-10 JB

11. E-mail Address:

(To be used for future annual report notifications)

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager Terry Howell Date 06/22/2010 Daytime Phone # 8507291299

Typed or printed name of signing Managing Member/Manager TERRY HOWELL



272

FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 25, 2010

EUBANKS & HOWELL LLC
1416 22ND STREET
NICEVILLE, FL 32578

SUBJECT: EUBANKS & HOWELL, LLC
Ref. Number: L07000103071

We have received your document for EUBANKS & HOWELL, LLC and your check(s) totaling \$516.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 310A00015699