PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # L07000103071 1. Limited Liability Company's Name

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

2. Principal Office Address - No P.O. Box 6 1416 22ND STREET Suite, Apt. 8, etc. S	EUBANKS & HOWELL LLC						 CR2E041 (05/10)			
City & State NICEVILLE FL ID ID ID ID ID ID ID ID ID I	1416 22NI	1416 2	1416 22ND STREET			4. State/Country of Formation FLORIDA/USA 5. Date Organized or Qualified				
32578 USA 32578 USA 32578 USA 7 CERTIFICATE OF STATUS DESIRED \$300 Additional Fine 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. #, Eic. City NICEVILLE 9. I, being appointed the registered agent of the abeverfumed limited flability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent Managing Member Managers MGRR RANDALL EUBANKS 1703 18TH STREET NICEVILLE FL 32578 MGRM TERRY HOWELL 1416 22ND STREET NICEVILLE FL 32578 MRINGRM TERRY HOWELL 1416 22ND STREET NICEVILLE FL 32578 REINSTATEMENT 2008 - 10 11, E-mail Address - (To be used for future annual report roddcations) 12. Learly that I am managing member/manager or the receiver or trustee empowered to execute this applications as provided for in Chapter 608, F.S. I further certify that when fing this cristatement application the reason for dissolution has been paid. They religiously company have been paid. They religiously company have been paid. They religiously company have been paid. They religiously company are solution in the and accurate, and my signature as Store 1 payling plant in the and accurate, and my signature shall have the same legal effect. TERRY HOWELL Application of the properties of School on the same plant of the subject of the subject on in the and accurate, and my signature shall have the same legal effect. TERRY HOWELL Date 06/22/2010 Daytime Phone at 8507291299	· -	NICEVILLE FL			6. FEI Number Applied For					
Name TERRY HOWELL Street Address (P.O. Box Number is Not Acceptable) 1416 22ND STREET Suite, Apt. #, Etc. City NICEVILLE 9. I, being appointed the registered agent of the above samed limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent 10. Names and Street Addresses of Managing Members/Managers Name of Managing Members/Managers NICEVILLE FL 32578 MGRM TERRY HOWELL 1416 22ND STREET NICEVILLE FL 32578 NICEVILLE FL 32578 NICEVILLE FL 32578 11. E-mail Address 17. Lecrify that I am managing member/manager or the receiver of busine emballact, the initial diability company name satisfies the requirements of section 008,405, F.S., and that as it made under calls. 18. I certify that I am managing member/manager or the receiver of busine emballact, the initial diability company name satisfies the requirements of section 008,405, F.S., and that as it made under calls. Name of Managing Member/Manager Name of Name of Name of Name annual report noticeators in the and accurate, and my signature shall have the same legal effect. Name of Na	'				•		7. CERTIFICATE	E OF STATUS DESIRED \$		
NICEVILLE 9. I, being appointed the registered agent of the above hamed limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent 10. Names and Street Addresses of Managing Members/Managers Titles Name of Managing Members/Managers NICEVILLE FL 32578 MGRR RANDALL EUBANKS 1703 18TH STREET NICEVILLE FL 32578 MGRM TERRY HOWELL 1416 22ND STREET NICEVILLE FL 32578 REINSTATEMENT 2008 - 10 11. E-mail Address* (To be used for future annual report notifications) 12. Ledrifty 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 filling this reinstatement application the reason for dissolution has been eliminated, the limited liability company name statisties the requirements of section 608, 406, F.S., and that all fees owed by the limited liability company have been paid. They infernation indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under ceth. Signature of Managing Member/Manager TERRY HOWELL Date 0-22/2010 Daytime Phone # 8507291299	Name TERRY HOWELL Street Address (P.O. Box Number is Not Acceptable) 1416 22ND STREET Suite, Apt. #, Etc.									
Signature of Registered Agent Java Hamman REGISTERED AGENT MUST SIGN 10. Names and Street Addresses of Managing Members/Managers Name of Managing Members/Managers Name of Managing Members/Managers Name of Managing Members/Managers Name of Managing Members/Manager City / State / Zip MGR RANDALL EUBANKS 1703 18TH STREET NICEVILLE FL 32578 MGRM TERRY HOWELL 1416 22ND STREET NICEVILLE FL 32578 NICEVILLE FL 32578 REINSTATEMENT 2008 - 10 11. E-mail Address* (To be used for future annual report notifications) 12. Lecrify 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 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 Agent A	NICEVILLE FL 32578									
MGR RANDALL EUBANKS 1703 18TH STREET NICEVILLE FL 32578 MGRM TERRY HOWELL 1416 22ND STREET NICEVILLE FL 32578 NICEVILLE FL 32578 REINSTATEMENT 2008 - 10 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 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. TERRY HOWELL Signature of Managing Member/Manager Date 06/22/2010 Daytime Phone # 8507291299	Signature of Registered Agent Dany Hours							2010		
MGR RANDALL EUBANKS 1703 18TH STREET NICEVILLE FL 32578 MGRM TERRY HOWELL 1416 22ND STREET NICEVILLE FL 32578 REINSTATEMENT 2008 - 10 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 all fees owed by 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 fing firms and under oath. Signature of Managing Member/Manager Address' Date 06/22/2010 Daytime Phone # 8507291299	10. Names and St		mbers/Managers					T		
MGRM TERRY HOWELL 1416 22ND STREET NICEVILLE FL 32578 REINSTATEMENT 2008 - 10 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 fling 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 Manager Date 166/22/2010 Daytime Phone # 8507291299	Titles				Street Address of Each Managing Member/ Manager					
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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