PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		Secreta	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS			14 JAN 30 AM 8:53		
DOCUMENT # 1. Limited Liability Company's Name					SECRETARY OF CAME TALLAHASSEELE LUCTURE			
DOUGLAS W. HIGHTOWER, L.L.C. L11000094073								
2. Principal Office Add	dress - No P.O. Box #	3. Mailing Office Address 103 SHORELINE DRIVE			CR2E041 (12/13) 4. State/Country of Formation			
Suite, Apt. #, etc.		Suite, Apt. #, etc.				FLORIDA / U.S.A. 5. Date Organized or Qualified To Do Business in Florida		
City & State GULF BR Zip		City & State GULF BREEZE Zip Country		45-293	6. FEI Number Applied For 45-2939829 Not Applicable			
32561	U.S.A.	32561		U.S.A.	7.	7. CERTIFICATE OF STATUS DESIRED 55.00 Additional Fee required for a Certificate of Status		
8. Name and Address of Current Registered Agent Name DOUGLAS W. HIGHTOWER, D.D.S.						E-mail Address:		
	Box Number is Not Acceptable) DRELINE DRIVE)			01/3	002561943 0/1401019005	4.4 **238.75	
City			State	Zip Code	. ho	me@drhightower.com		
GULF B			FL	32561		e used for future annual i	report notices)	
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN Date								
10. Names and Addresses of Each Person Authorized to manage the Limited Liability Company								
Titles AMBRAMGR	Name of Authorized Person	, S	Street Address of Each Authorized Person			City / State / Zip		
AMBK Doug	Douglas W. Hightower			oreline Dr	íve	Gulf Breeze, F	L 32561	
						المناه ال	7	
		JAN 3 0 2014	2014			12		
	M. WILLIA				MS			
11. I certify that I am an authorized person empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filling this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of Chapter 605, 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 cath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Signature of Authorized Person O 1/21/261+ Daytime Phone # (850) 712 - 6863								

Typed or printed name of signing Authorized Person