


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L 98000002288			
1. Limited Liability Company's Name De Mex, LLC			
2. Principal Office Address Rt. 2 Box 210 Suite, Apt. #, etc. US 19, North City & State Monticello, FL Zip 32344 Country USA		3. Mailing Office Address 143 Crescent Cove Suite, Apt. #, etc. Thomasville, GA City & State Thomasville, GA Zip 31757 Country USA	
4. State/Country of Formation			
5. Date Organized or Qualified To Do Business in Florida 1999			
6. FEI Number 58-2419592		Applied For <input type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$3.00 Additional Fee required for a Certificate of Status			
8. Name and Address of Current Registered Agent Name Eugenia P. DUNN 000004761870-7 Street Address (P.O. Box Number is Not Acceptable) 1242 N. Jefferson St. -01/09/02--01029--015 Suite, Apt. #, Etc. ****150.00 ****150.00 City Monticello State FL Zip Code 32344			
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 Eugenia P. Dunn Date _____ REGISTERED AGENT MUST SIGN			
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	Richard DeMott	143 Crescent Cove	Thomasville, GA 31757
mgr	Beverly DeMott	" "	" "
11. 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 Richard A. DeMott Date 12-28-01 Daytime Phone # 229-228-7623 Typed or printed name of signing Managing Member/Manager			

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

CR2E041 (9/01)