

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L99000000619		FILED 04 JUN 24 PM 3:24	
1. Limited Liability Company's Name Talton Money Management, LLC		06/30/04	
REINSTATEMENT 2002-2004			
2. Principal Office Address 369 Nash Road Suite, Apt. #, etc. City & State Lamont, Florida Zip 32336 Country US		3. Mailing Office Address 369 Nash Road Suite, Apt. #, etc. City & State Lamont, Florida Zip 32336 Country US	
4. State/Country of Formation Florida US		5. Date Organized or Qualified To Do Business in Florida 1999	
6. FEI Number 591572487		Applied For Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		\$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent	
Name Margaret B. Talton Boatwright	
Street Address (P.O. Box Number is Not Acceptable) 369 Nash Road	
Suite, Apt. #, Etc.	
City Lamont	State FL Zip Code 32336

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 <i>Margaret B. Talton Boatwright</i>	Date 6/21/04
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	Margaret B. Talton Boatwright	369 Nash Road	Lamont, Florida 32336
		000038169800	06/22/04--01074--001 **255.00
		2002-2004	
REINSTATEMENT			

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 <i>Margaret B. Talton Boatwright</i>	Date 6/21/04
Typed or printed name of signing Managing Member/Manager MARGARET B. TALTON BOATWRIGHT	
Daytime Phone # 850 997-2591	
X1027	

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