

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

00 OCT 19 PM 11:02

*[Handwritten signature]*

DOCUMENT # **L99000001673**

1. Limited Liability Company's Name

**Southern Home Restoration, LLC**

2. Principal Office Address

**2106 N. LAKEVIEW AVE.**

Suite, Apt. #, etc.

City & State

**PENSACOLA FL**

Zip

**32505**

Country

**USA**

3. Mailing Office Address

**400 PICKENS AVE**

Suite, Apt. #, etc.

**STE 184**

City & State

**PENSACOLA FL**

Zip

**32503**

Country

**USA**

4. State/Country of Formation

**FL USA**

5. Date Organized or Qualified

To-Do Business in Florida

**3/24/99**

6. FEI Number

**59-3568782**

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$3.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

**BRENT A. HOSKINS**

Street Address (P.O. Box Number is Not Acceptable)

**5433 ROWE TRAIL**

Suite, Apt. #, Etc.

City

**PACE**

State

**FL**

Zip Code

**32571**

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 -11/09/00 -01020 -030  
 \*\*\*\*\*155.00 \*\*\*\*\*156.00

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

*[Handwritten signature of Brent A. Hoskins]*

REGISTERED AGENT MUST SIGN

Date **10/16/00**

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
<i>MEMBER</i>	<b>SCOTT K. BOYLE</b>	<b>4025 LYNN ORA DR</b>	<b>PENSACOLA, FL 32504</b>

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

*[Handwritten signature of Brent A. Hoskins]*

Date **10/16/00**

Daytime Phone # **(850) 712-4040**

Typed or printed name of signing Managing Member/Manager

**BRENT A. HOSKINS**

CR2E041 (9/99)