

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L99000002615

FILED
Oct 06, 2004
Secretary of State

Entity Name: PLUG IT.COM, LLC

Current Principal Place of Business:

226 SOUTH PALAFOX STREET
4TH FLOOR
PENSACOLA, FL 32501

New Principal Place of Business:

Current Mailing Address:

226 SOUTH PALAFOX STREET
4TH FLOOR
PENSACOLA, FL 32501

New Mailing Address:

FEI Number: 59-3579109

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAMPBELL, JAMES S
BEGG AND LANE
501 COMMENDENCIA ST.
PENSACOLA, FL 32591 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: WHIBBS, VINNIE J CEO
Address: 226 S. PALAFOX STREET
City-St-Zip: PENSACOLA, FL 32502 US

Title: MGRM (X) Delete
Name: EATON, DECHAY D MGR
Address: 226 S. PALAFOX STREET
City-St-Zip: PENSACOLA, FL 32502 US

Title: MGR () Delete
Name: APPELYARD, RICHARD L MGR
Address: 4400 BAYOU BOULEVARD
City-St-Zip: PENSACOLA, FL 32503 US

Title: MGR () Delete
Name: SWITZER, ROBERT J MGR
Address: P.O. BOX 1313
City-St-Zip: PENSACOLA, FL 32596 US

Title: MGR () Delete
Name: BULLOCK, ELLIS W MGR
Address: P. O. BOX 1983
City-St-Zip: PENSACOLA, FL 32591 US

Title: MGR () Delete
Name: O'SULLIVAN, MORT J MGR
Address: 316 S. BAYLEN ST.
City-St-Zip: PENSACOLA, FL 32591 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
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Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MORT J. O'SULLIVAN

MGR

10/06/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date