

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

04 MAR 24 AM 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99 00000 3828

1. Limited Liability Company's Name

Bennett's M.H. Park, LLC
6046 W Tenn St
Tallahassee, FL 32304

2. Principal Office Address

6046 W Tenn St
Suite, Apt. #, etc.

City & State

Tallahassee FL

Zip

32304

Country

LEON

3. Mailing Office Address

6046 W Tenn St

Suite, Apt. #, etc.

City & State

Tallahassee FL

Zip

32304

Country

LEON

4. State/Country of Formation

Florida / Leon

5. Date Organized or Qualified
To Do Business in Florida

6/29/99

6. FEI Number

59-3616358

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$500 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name Park Trammel Brittle Jr

900031063759

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

6046 W Tenn St

Suite, Apt. # Etc.

Tallahassee

City

Tallahassee FL

State

FL

Zip Code

32304

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

Park Trammel Brittle Jr.

REGISTERED AGENT MUST SIGN

Date

3/24/04

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
Pres	Park Trammel Brittle Jr.	5452 Ochlocknee Rd Tallahassee, FL	Tallahassee FL 32309

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

Park Trammel Brittle Jr.

Date

3/23/04

Daytime Phone #

850-576-5102

Typed or printed name of signing Managing Member/Manager

CR2EDM1 (9/01)