

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

01 MAY 11 PM 2:15

DOCUMENT # L99000004151

1. Limited Liability Company's Name

ALABAMA BOARD COMPANY LLC

2. Principal Office Address

4750 DAVIS RD

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33143

Country

USA

3. Mailing Office Address

4750 DAVIS RD

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33143

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

July 12, 1999

6. FEI Number

65-0932867

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

PAUL M. MARMISH ESQ

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

3390 KAPOT TERRACE

Suite, Apt. #, Etc.

City

MIRAMAR

State

FL

Zip Code

33025

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

*Paul M. Marmish*

REGISTERED AGENT MUST SIGN

Date May 8, 2001

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
MGRM	JOHN M. MOORE	4750 DAVIS RD	MIAMI, FL 33143
MGRM	WILLIAM M. HOUSE	980 SAIGON RD	MCLEAN, VA 22102

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

*John M. Moore, Manager*

Date 30/04/001

Daytime Phone # 305-6688791

Typed or printed name of signing Managing Member/Manager

JOHN M. MOORE, MANAGER