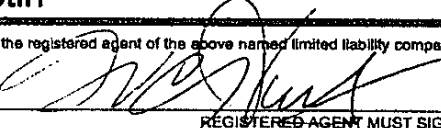
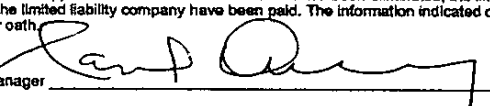


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L99000004674			
1. Limited Liability Company's Name PHB, L.L.C.			
2. Principal Office Address PO Box 1229		3. Mailing Office Address PO Box 1229	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Brewton, AL		City & State Brewton, AL	
Zip 36427	Country USA	Zip 36427	Country USA
4. State/Country of Formation Florida		5. Date Organized or Qualified To Do Business in Florida 07/30/1999	
6. FEI Number 59-3612190		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 Christopher Hart			
Street Address (B.O. Box Number is Not Acceptable) 34990 Emerald Coast Parkway			
Suite, Apt. #, Etc. Suite 301			
City Destin		State FL	Zip Code 32541
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 		Date November 8, 2005	
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	Paul D. Owens, Jr.	PO Box 1229	Brewton, AL 36427
REINSTATEMENT 2001-2005			
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 		Date 11/08/2005	Daytime Phone # 251-867-7713
Typed or printed name of signing Managing Member/Manager Paul D. Owens, Jr.			

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FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OK

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