


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

①

LIMITED LIABILITY COMPANY REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---

FILED
00 DEC 26 PM 12:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
rf

DOCUMENT #

L99-8176

1. Limited Liability Company's Name

APOLLO SERVICES, LLC

REINSTATEMENT 2000

2. Principal Office Address 80 St. Michael Street Suite, Apt. #, etc. Suite: 300 City & State Mobile, AL Zip 36602 Country USA		3. Mailing Office Address P.O. Drawer 2708 Suite, Apt. #, etc. City & State Mobile, AL Zip 36652 Country USA		4. State/Country of Formation Alabama / USA	
5. Date Organized or Qualified To Do Business in Florida 07/01/99				6. FEI Number 63-1228274	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				Applied For Not Applicable	
\$5.00 Additional Fee required for a Certificate of Status					

8. Name and Address of Current Registered Agent

Name CT CorporationnSystem		700003855997-0	
Street Address (P.O. Box Number is Not Acceptable) 1201 Peachtree Street N.E.		-03/16/01--01059--027	
Suite, Apt. #, Etc. Team 1		CT Acct# 09100586330	
City Atlanta, GA	State FL	Zip Code 30361	

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 *See Attached*
REGISTERED AGENT MUST SIGN

Date

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
MEM Co-	Perry Collins	2735 Front Street	Georgetown, SC 29440
MEM	Charles Boswell	P.O. Box 2725	Mobile, AL 36652
MEM	(Co-Partners)		
Mgr.	Debbie Coxwell	9335 Maplewood Drive	Mobile, AL 36695

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 *Debbie Coxwell* Date *12/19/00* Daytime Phone # *334-432-1325*

Typed or printed name of signing Managing Member/Manager *Debbie Coxwell*

CR2E041 (9/00)

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Apollo Services, LLC

2. The name and the Florida street address of the registered agent and office are:

C T Corporation System

(Name)

c/o C T Corporation System, 1200 South Pine Island Road

Florida street address (P.O. Box **NOT** ACCEPTABLE)

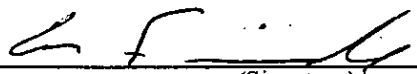
Plantation

FL 33324

City/State/Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

C T Corporation System



(Signature)

Allan Fornell, Asst. Secy.

- \$ 100.00 Filing Fee for Application
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (optional)
- \$ 5.00 Certificate of Status (optional)