


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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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

DOCUMENT # L99-8176

1. Limited Liability Company's Name
APOLLO SERVICES, LLC

REINSTATEMENT 2000

2. Principal Office Address 80 St. Michael Street		3. Mailing Office Address P.O. Drawer 2708	
Suite, Apt. #, etc. Suite: 300		Suite, Apt. #, etc.	
City & State Mobile, AL		City & State Mobile, AL	
Zip 36602	Country USA	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	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1201 Peachtree Street N.E.

Suite, Apt. #, Etc.
Team 1

City
Atlanta, GA

State
FL

Zip Code
30361

700003855997-0
 -03/16/01--01059--027
 ****150.00 ****150.00

CT Acct# 09100586330

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* Date _____

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
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

CR2EM41 (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)

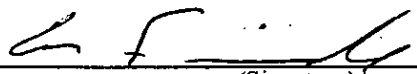
Plantation

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 Forwell, 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)