

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

01 NOV -8 PM 12:17
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT #

M-1306

1. Limited Liability Company's Name

Elliott Properties, LLC

REINSTATEMENT 200

2. Principal Office Address

4260 Sharpsburg Drive

Suite, Apt. #, etc.

City & State

Birmingham, Alabama

Zip

35213

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Alabama

5. Date Organized or Qualified To Do Business in Florida

7-3-2000

6. FEI Number

63-1212267

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

Claire B. Elliott

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

1481 Alabama Street

Suite, Apt. #, Etc.

City

Navarre Beach

State

FL

Zip Code

32566

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

Claire B. Elliott

REGISTERED AGENT MUST SIGN

Date *11/06/01*

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.	Claire B. Elliott	4260 Sharpsburg Drive	Birmingham, AL 35213
Mgr.	Howard C. Elliott	4260 Sharpsburg Drive	Birmingham, AL 35213
			800004689608--2 -11/20/01--01067--001 ****150.00 ****150.00

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

Claire B. Elliott

Date *11/06/01*

Daytime Phone# (205) 871-7132

Typed or printed name of signing Managing Member/Manager

Claire B. Elliott

CR2E041 (9/01)