

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

02 MAY 13 AM 10:27

625/29

DOCUMENT # M00000002691

1. Limited Liability Company's Name

Gorrie Holdings, LLC

REINSTATEMENT

2001

2002

2. Principal Office Address

151 Regions Way

Suite, Apt. #, etc.
Suite 3D

City & State

Destin, FL

Zip
32541

Country
USA

3. Mailing Office Address

4421 Commons Dr. East

Suite, Apt. #, etc.
PMB 404

City & State

Destin, FL

Zip
32541

Country
USA

4. State/Country of Formation

Delaware, USA

**5. Date Organized or Qualified
To Do Business in Florida**

12-22-2000

6. FEI Number
59-3687728

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

CT Corporation Systems

500005638765--2

-05/30/02--01008--010

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

1200 South Pine Island Road

*****200.00 *****200.00

Suite, Apt. #, Etc.

City

Plantation

State
FL

Zip Code
33324

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

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
MGRM	M. M. Gorrie	729 30th Street South	Birmingham, AL 35233
MGRM	James M. Gorrie	729 30th Street South	Birmingham, AL 35233
MGRM	John Darnall	729 30th Street South	Birmingham, AL-35233

REINSTATEMENT

2001-2002

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

Randall J. Freeman

Date

5/9/02

Daytime Phone #

(205) 714-1006

Typed or printed name of signing Managing Member/Manager

Randall J. Freeman

CR2E041 (9/01)