M01000001353

05 JUN 20 AM 9:25 FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

200056357252

DOCUMENT # M01000001353

1. Limited Liability Company's Name
SOUTHPORT SALVAGE & PAWN, LLC
03

2. Principal Office Address	3. Mailing Office Address
7000 HWY. 77	7000 HWY. 77
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SOUTHPORT, FL	City & State: SOUTHPORT, FL
Zip: 32409 Country: USA	Zip: 32409 Country: USA

4. State/Country of Formation: 6-15-2001

5. Date Organized or Qualified To Do Business in Florida: 6-15-2001

6. FEI Number: 912115536 Applied For / Not Applicable

7. CERTIFICATE OF STATUS DESIRED — $8.75 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: Corporation Service Company
Street Address (P.O. Box Number is Not Acceptable): 1201 HAYS Street
Suite, Apt. #, Etc.
City: Tallahassee State: FL Zip Code: 32301

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: [signature], Assistant Sec. Date 10-110-05
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 MEM.	LINDA POWELL	7000 HWY. 77	SOUTHPORT, FL. 32409
MGRM MEM.	GLENN POWELL	7000 HWY. 77	SOUTHPORT, FL. 32409
MGRM MEM.	ALISA TAYLOR	7000 HWY. 77	SOUTHPORT, FL. 32409

REINSTATEMENT 2003 - 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: [signature] Date 6-16-05 Daytime Phone # 850-265-0863

Typed or printed name of signing Managing Member/Manager: LINDA POWELL

CR2E041 (10/02)

M01000001353

CORPORATION SERVICE COMPANY®

ACCOUNT NO. : 072100000032

REFERENCE : 433197 7393137

AUTHORIZATION : Patricia Pippin

COST LIMIT : $ 250.00

ORDER DATE : June 16, 2005

ORDER TIME : 1:47 PM

ORDER NO. : 433197-015

CUSTOMER NO: 7393137

CUSTOMER: Mr. Cecil Pippin
Calusa Construction, Inc.
7000 Hwy 77

Southport, FL 32409

FILED
05 JUN 20 AM 9:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
05 JUN 20 PM 2:45
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

REINSTATEMENT

NAME: SOUTHPORT SALVAGE & PAWN, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan

EXAMINER'S INITIALS _____