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LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 21 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M02000000440

1. Limited Liability Company's Name
McInnis, LLC

800024282928
10/30/03--01023--010 **150.00

2. Principal Office Address 1120 Parker Street Suite, Apt. #, etc.		3. Mailing Office Address P.O. Drawer 9423 Suite, Apt. #, etc.	
City & State Montgomery, AL		City & State Montgomery, AL	
Zip 36108	Country USA	Zip 36108	Country USA

4. State/Country of Formation Alabama	
5. Date Organized or Qualified To Do Business in Florida 02/19/2002	
6. FEI Number 63-1261505	Applied For 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) 1200 South Pine Island Road		
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 Joan Bolden **JOAN BOLDEN** Date 10/20/03
REGISTERED AGENT MUST SIGN **ASSISTANT SECRETARY**

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	John M. McInnis, Jr.	1120 Parker Street	Montgomery, AL 36108
MGRM	Timothy N. McInnis	1120 Parker Street	Montgomery, AL 36108

REINSTATEMENT 03
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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 Timothy N. McInnis Date 10/16/2003 Daytime Phone# 334.264.3474
Typed or printed name of signing Managing Member/Manager Timothy N. McInnis

CR2E041 (10/02)