

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

00 AUG 30 AM 12:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M97.581

1. Limited Liability Company's Name

DPW Properties, L.L.C.

2. Principal Office Address

2301 First Avenue North

Suite, Apt. #, etc.

City & State

Birmingham, Alabama

Zip

35203

Country

USA

3. Mailing Office Address

420 North 20th Street

Suite, Apt. #, etc.

Suite 1600

City & State

Birmingham, Alabama

Zip

35203

Country

USA

4. State/Country of Formation

Alabama

5. Date Organized or Qualified
To Do Business in Florida

9/8/97

6. FEI Number

72-1392778

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

NRAI Services, Inc.

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

526 East Park Avenue

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

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	David R. DuBose	2301 First Avenue North	Birmingham, Alabama 35203
MGRM	Paul F. Bankston	2301 First Avenue North	Birmingham, Alabama 35203
MGRM	Walton E. Williams III	420 North 20th St., Ste. 1600	Birmingham, Alabama 35203

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

Date

Daytime Phone # **(205) 250-8329**

Typed or printed name of signing Managing Member/Manager

Walton E. Williams III

CR2E041 (9/99)