

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

OFFICE OF THE SECRETARY OF STATE
Division of Corporations

03 JAN -2 PM 6:52

1. DOCUMENT # M98000000527

Name and Mailing Address

SECRETARY OF STATE
TALLAHASSEE FLORIDA

0007833 01 FP 0.352 **PRSRT T4 0 0615 35758-540103

M & F INVESTMENTS OF ALABAMA, L.L.C.

P.O. BOX 1403

MADISON AL 35758-5401



1/2 2002

MJH

CR2E084 (8/02)

2. New Mailing Address		4. State/Country of Formation AL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 05/27/1998	
Principal Place of Business P.O. BOX 1403 MADISON AL 35758	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 63-1160995	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 CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 700009796027 01/03/03--01013--002 FL Zip Code
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10. 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 12/27/02

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	MCCURRY, RALPH W SR.	P.O. BOX 605	MADISON AL 35758
MGRM	FALCONITE, MIKE	P.O. BOX 605	MADISON AL 35758

12. 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 12/29/02 Daytime Phone # 259-92-6453

Typed or printed name of signing Managing Member/Manager