

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FLORIDA DEPARTMENT OF STATE  
REINSTATEMENT

1519  
03 DEC 29 PM 1428  
LA 1/8/04

1. DOCUMENT # M98000001519  
Name and Mailing Address

0016652 01 MB 0.309 \*\*AUTO T1 0 0615 70810-792734  
THE JENNINGS FAMILY, L.L.C.  
17434 WEST LAKEWAY DRIVE  
BATON ROUGE LA 70810-7927



REINSTATEMENT 2003

2. New Mailing Address 9243 Interline Ave. City, State, Zip Baton Rouge, LA 70809		4. State/Country of Formation LA	
Principal Place of Business 17434 WEST LAKEWAY DRIVE BATON ROUGE LA 70810		5. Date Organized or Qualified To Do Business in Florida 12/15/1998	
3. New Principal Place of Business Address 9243 Interline City, State, Zip Baton Rouge, LA 70809		6. FEI Number 72-1432357	
		Applied For Not Applicable	
		CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 100024379511 11/03/03--01058--019FL**155.00	
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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 BABARA A. BURKE SPECIAL ASSISTANT SECRETARY Date 12-23-03  
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
MGR	JENNINGS, ROBERT D	17434 WEST LAKEWAY DRIVE	BATON ROUGE LA 70810
<del>MGR</del>	<del>JENNINGS, CAROL S</del> Delete	17434 WEST LAKEWAY DRIVE	BATON ROUGE LA 70810
mGR	Paul Jennings	9243 Interline	Baton Rouge, LA 70809
mGR	CRAIG Jennings	9243 Interline	" " 70809
100024379511 12/29/03--01009--005 **50.00			

REINSTATEMENT 2003

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 Paul Jennings Date 10/27/03 Daytime Phone # 225-755-2064  
Typed or printed name of signing Managing Member/Manager Paul Jennings