

M 99000000796

APPROVED AND FILED


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04 FEB -9 PM 1:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M99000000796

1. Limited Liability Company's Name
Six-C, L.L.C.

REINSTATEMENT

2001-2004

2. Principal Office Address 3405 Fourth Avenue South		3. Mailing Office Address P.O. Box 1328		4. State/Country of Formation Alabama	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Date Organized or Qualified To Do Business in Florida 5/26/1999	
City & State Birmingham, AL		City & State Birmingham, AL		6. FEI Number 63-1215227	
Zip 35222	Country	Zip 35201	Country	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
				7. 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

Name
C T Corporation System

Street Address (P.O. Box Number is Not Acceptable)
c/o C T Corporation System, 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 808, F.S.

Signature of Registered Agent *Connie Boyer* ^{Special Agent} _{Secretary} **REGISTERED AGENT MUST SIGN**

Date **2/9/04**

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
MGR	Charles A. Collat, Sr.	3405 Fourth Avenue South	Birmingham, AL 35222

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 808, 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 808.408, 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 *Charles A. Collat, Sr.* Date *1-30-04* Daytime Phone # *(205)879-7548*

Typed or printed name of signing Managing Member/Manager **Charles A. Collat, Sr.**

Florida Department of State
Division of Corporations
Public Access System

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LIMITED LIABILITY REINSTATEMENT

SIX-COLLAT, L.L.C.

Certificate of Status	1
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