

m99000000835

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 24 AM 9:03

DOCUMENT # m99000000835

1. Limited Liability Company's Name

SCOTT-ANDREWS, LLC

200003454942--6

-11/07/00--01056--024

****150.00 ****150.00

MJH

2. Principal Office Address

552 CASSAT AVENUE

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. BOX 241988

Suite, Apt. #, etc.

4. State/Country of Formation

TENNESSEE/USA

5. Date Organized or Qualified
To Do Business in Florida

9/14/99

6. FEI Number

62-1777504

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

City & State

JACKSONVILLE, FL

City & State

MEMPHIS, TN

Zip

32254

Country

USA

Zip

38124-1988

Country

USA

8. Name and Address of Current Registered Agent

Name

ESRIC H. SCOTT, JR

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

552 CASSAT AVENUE

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32254

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 10/19/00

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	ESRIC H. SCOTT, JR	552 CASSAT AVENUE	JACKSONVILLE, FL 32254
MGR	DAVID S. ANDREWS	790 VALLEYBROOK	MEMPHIS, TN 38120

REINSTATEMENT 2000

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

[Signature]

Date 10/19/00

Daytime Phone # 904-786-0343

Typed or printed name of signing Managing Member/Manager

E. H. Scott, JR