

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M99000001782**

1. Limited Liability Company's Name

Foresite, LLC

REINSTATEMENT

FILED

2004 NOV 23 PM 5:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Whe 12/04

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10/26/04--01055--002 **150.00

2. Principal Office Address		3. Mailing Office Address	
22 Inverness Ctr Pkwy		22 Inverness Ctr Pkwy	
Suite, Apt. #, etc. Suite 500		Suite, Apt. #, etc. Suite 500	
City & State Birmingham, AL		City & State Birmingham, AL	
Zip 35242	Country USA	Zip 35242	Country USA

4. State/Country of Formation Alabama	
5. Date Organized or Qualified To Do Business in Florida 11/12/99	
6. FEI Number 63-1220725	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

Name MRAI 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 Gwendolyn Andrews Date 10/25/04
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
Mem	John W McRoberts	22 Inverness Ctr Pkwy	Birmingham, AL 35242
Mem	Andrew L. Kizer	22 Inverness Ctr Pkwy	Birmingham, AL 35242
Mem	Michael L. Smith	22 Inverness Ctr Pkwy	Birmingham, AL 35242
Mem	Taylor Robinson	22 Inverness Ctr Pkwy	Birmingham, AL 35242
REINSTATEMENT			

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11/30/04--01028--005 **100.00

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 Andrew L. Kizer Date 11/12/04 Daytime Phone # 205-437-3200
Typed or printed name of signing Managing Member/Manager Andrew L. Kizer