

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

L01000000924

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
OCT 29 PM 2:52
TALLAHASSEE, FLORIDA

DOCUMENT # **L01000000924**

1. Limited Liability Company's Name

BLOWN AWAY, LLC

2. Principal Office Address

1001 GILLS DRIVE

Suite, Apt. #, etc.

City & State

ORLANDO, FLORIDA

Zip

Country

32824-8041

USA

3. Mailing Office Address

P.O. BOX 618271

Suite, Apt. #, etc.

City & State

ORLANDO, FLORIDA

Zip

Country

32861-8271

USA

4. State/Country of Formation

FLORIDA, USA

5. Date Organized or Qualified
To Do Business in Florida

JANUARY 16, 2001

6. FEI Number

59-3695754

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

DECUBELLIS & MEEKS, P.A.

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

837 NORTH GARLAND AVENUE

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32801

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]

Date **10/28/03**

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
MGRM	RONALD BARNETT	P.O. BOX 618271	ORLANDO, FLORIDA 32861-8271
	REINSTATEMENT	2003	
		<i>bp</i>	600024250686

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 **10/28/03**

Daytime Phone # **407-222-0500**

Typed or printed name of signing Managing Member/Manager **RONALD BARNETT**

CFR2541 (10/02)

CSC

CORPORATION SERVICE COMPANY™

L01000000924

ACCOUNT NO. : 072100000032

REFERENCE : 298908 81523A

AUTHORIZATION :

COST LIMIT : \$ ~~155.00~~

FILED
03 OCT 29 PM 2:52
TALLAHASSEE, FLORIDA

ORDER DATE : October 28, 2003

ORDER TIME : 8:18 AM

ORDER NO. : 298908-005

CUSTOMER NO: 81523A

CUSTOMER: Ms. Betty Kay Czajkowski
Decubellis & Meeks
837 North Garland Avenue

Orlando, FL 32801

155.00

BK

DOMESTIC FILINGS

NAME: BLOWN AWAY, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward

EXAMINER'S INITIALS _____

RECEIVED
03 OCT 29 AM 10:48
DIVISION OF CORPORATION