

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 SEP 23 AM 8:04

W 09/29/04

DOCUMENT # L020000028145

1. Limited Liability Company's Name

FLORIDA FUN FACTORY, LLC
REINSTATEMENT 2003-2004

2. Principal Office Address

497 Webbs Cove

3. Mailing Office Address

497 Webbs Cove

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Osprey, FL

City & State

Osprey, FL

Zip

34229

Country

USA

Zip

34229

Country

USA

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified
To Do Business in Florida

10/23/02

6. FEI Number

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

Ronald J. Heromin

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

497 Webbs Cove

Suite, Apt. #, Etc.

City

Osprey

State
FL

Zip Code

34229

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

Date

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 J. Heromin	497 Webbs Cove	Osprey, FL 34229
			900041526269
			10/01/04--01017--017 **200.00

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

Date

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

Ronald J. Heromin