

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAR 31 AM 10:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400173874044
03/31/10--01024--001 **421.25

CR2E041 (11/09)

DOCUMENT # L04000023316

1. Limited Liability Company's Name

Poggie Holdings, LLC

2. Principal Office Address - No P.O. Box #

3928 Echo Point Ln.

Suite, Apt. #, etc.

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Tallahassee

City & State

Zip

32310

Country

USA

Zip

Country

4. State/Country of Formation

FLA / USA

5. Date Organized or Qualified To Do Business in Florida

4/21/2005

6. FEI Number

830390383

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

JAMES M. DuRANT

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

1407 Piedmont Dr. E.

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

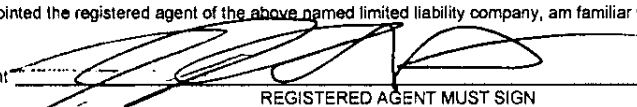
Zip Code

32308

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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



REGISTERED AGENT MUST SIGN

Date 3/31/2010

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
<u>MGRM</u>	<u>Brian Poggie</u>	<u>3928 Echo Point Ln.</u>	<u>Tallahassee, FL 32310</u>

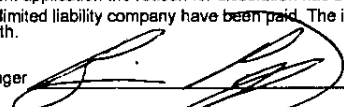
REINSTATEMENT 08-10

11. E-mail Address: bmp.251@yahoo.com

(To be used for future annual report notifications)

12. 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 3/31/10

Daytime Phone # 850 264 4974

Typed or printed name of signing Managing Member/Manager

BRIAN POGGIE