

APR. 7. 2006 1:19PM

NO. 5978 P. 2

9-16-05
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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONSFILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAY 26 AM 9:52

DOCUMENT # L04000024550

1. Limited Liability Company's Name

FIN, FUR & FEATHERS, LLC

2. Principal Office Address

702 SW Falcon St

Suite, Apt. #, etc.

3. Mailing Office Address

SAME.

Suite, Apt. #, etc.

City & State

Palm City, FL

City & State

Zip

34990

Country

USA

Zip

Country

4. State/Country of Formation

FLORIDA5. Date Organized or Qualified
To Do Business in Florida3/31/2004

6. FEI Number

84-164-2435

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐NO. 06. Amendment Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable)
1201 HAYS STREET

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 AgentDate 4-7-2006

REGISTERED AGENT MUST SIGN

10. Name and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MEMR	<u>Gerald E. WEISENSEEK</u>	<u>702 SW Falcon St.</u>	<u>Palm City, FL 34990</u>
MEMR	<u>John Stanford</u>	<u>702 SW Falcon St.</u>	<u>Palm City, FL 34990</u>

REINSTATEMENT 05-06

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/ManagerDate 4/7/06Daytime Phone # 772-286-0711

Typed or printed name of signing Managing Member/Manager

GERALD E. WEISENSEEK