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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED 16 FEB 11 PM 3:03 SEVENTH DISTRICT TALLAHASSEE, FLORIDA

DOCUMENT # L06000087162 1. Limited Liability Company's Name GOLDEN RULE CUSTOM JOBS, LLC

2. Principal Office Address - No P.O. Box # 7686 SE Fiddlewood Lane Suite Apt. #, etc. City & State Hobe Sound, FL Zip 33455 Country US 3. Mailing Office Address 7686 SE Fiddlewood Lane Suite, Apt. #, etc. City & State Hobe Sound, FL Zip 33455 Country US

4. State/Country of Formation FLORIDA 5. Date Organized or Qualified To Do Business in Florida 8-6-2005 6. FBI Number 80-0858770 7. CERTIFICATE OF STATUS DESIRED

8. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) Suite, 1201 HAYS STREET Apt. #, Etc. City Tallahassee State FL Zip Code 32301

700282111377

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S. Signature of Registered Agent Courtney Williams Asst. Vice President Date 02.12.16 REGISTERED AGENT MUST SIGN

Table with 4 columns: Title, Name of Authorized Representatives/Managers, Street Address of Each Authorized Representative/Manager, City / State / Zip. Row 1: MGRM, Stacy Meunier, 701 Mountain View Drive, Hiawassee, GA 30546

11. E-mail Address: Stacy@GoldenRuleCustomJobs.com (To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605 0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.156, F.S.

Signature of authorized representative/member Stacy Meunier Date 2-10-16 Daytime Phone # 407-209-7535

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CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 011826 7548827
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 516.25

ORDER DATE : February 10, 2016
ORDER TIME : 11:39 AM
ORDER NO. : 011826-010
CUSTOMER NO: 7548827

RECEIVED
SECRETARIAT OF FLORIDA
16 FEB 12 PM 1:58
NOT A KNOWLEDGE
SUFFICIENCY OF FILING

DOMESTIC FILINGS

NAME: GOLDEN RULE CUSTOM JOBS, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - Ext# 62935

EXAMINER'S INITIALS _____