

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

RECEIVED

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DOCUMENT # L12000023766

1. Limited Liability Company's Name

ANDREW FLEMING, LLC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

218 S. MATANZAS BLVD

3. Mailing Office Address

218 S. MATANZAS BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST AUGUSTINE, FL

City & State

ST AUGUSTINE, FL

Zip

32080

Country

USA

Zip

32080

Country

CR2E041 (1/14)

4. State/Country of Formation

FL, USA

5. Date Organized or Qualified To Do Business in Florida

2/17/12

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

ROGER ANDREW FLEMING

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

218 S. MATANZAS BLVD

Apt. #, Etc.

City

ST. AUGUSTINE

State

FL

Zip Code

32080

900291905449
11/15/16--01031--014 **105.00

900291905449
11/02/16--01018--012 **555.00

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 10/31/16

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
<u>MGR/PM</u>	<u>ROGER ANDREW FLEMING</u>	<u>218 S. MATANZAS BLVD</u>	<u>ST AUGUSTINE, FL / 32080</u>
<u>SEC</u>	<u>KATHY A. FLEMING</u>	<u>218 S. MATANZAS BLVD</u>	<u>ST. AUGUSTINE, FL / 32080</u>

11. E-mail Address:

AKA FLEMING @ GMAIL.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. 817.155, F.S.

Signature of authorized representative/member

[Signature]

Date 10-31-16

Daytime Phone #

904-669-8196

Typed or printed name of signing authorized representative/member

ROGER ANDREW FLEMING