

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM:

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2011 DEC 29 AM 10:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L97000000463

1. Limited Liability Company's Name

CHECKMARK SYSTEMS, LC

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box # 1936 E. FAIRFIELD DRIVE		3. Mailing Office Address 13902 N DALE MABRY HWY	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State PENSACOLA, FL		City & State TAMPA, FL	
Zip	Country	Zip	Country
32503-2956	USA	33618	USA

4. State/Country of Formation FLORIDA/USA	
5. Date Organized or Qualified To Do Business in Florida 05/01/1997	
6. FEI Number 59-3445595	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name GRANAGHAN, PATRICK			
Street Address (P.O. Box Number is Not Acceptable) 13902 N DALE MABRY HWY			
Suite, Apt. #, Etc. STE 149			
City	State	Zip Code	
TAMPA	FL	33618	

E-mail Address:

400215597744
12/29/11--01003--003 **1215.00

(To be used for future annual report notices)

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 12-22-11

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	BRAUN, SHERRY G	193 E. FAIRFIELD PL	PENSACOLA, FL 32503
MEM	BRAUN, LOUIS E.	193 E. FAIRFIELD PL	PENSACOLA, FL 32503
REINSTATEMENT - 2004-2011			

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. 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 Managing Member/Manager  Date 12-22-11 Daytime Phone # 706 823 9032

Typed or printed name of signing Managing Member/Manager

Handwritten initials