

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 SEP 29 AM 10:23

DOCUMENT # L00000001132

1. Limited Liability Company's Name

Winslow Ventures, LLC

2. Principal Office Address

3104 W. Chapin Ave.

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33611

Country

USA

3. Mailing Office Address

3104 W. Chapin Ave.

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33611

Country

USA

CR2E041 (8/05)

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

02/01/2000

6. FEI Number

593630042

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

Andrew J. Mayts, Jr.

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

201 N. Armenia Ave.

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33609

REINSTATEMENT 03-05

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

9/26/05

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	Alexander P. Liggett	3104 W. Chapin Ave.	Tampa, FL 33611
			900060581519 10/13/05--01055--004 **250.00
			900060581519 10/13/05--01055--005 **5.00

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/Manager

Alexander P. Liggett

Date

9.23.05

Daytime Phone #

813.784.4320

Typed or printed name of signing Managing Member/Manager

Alexander P. Lippett