

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 DEC 20 PM 4:15

DOCUMENT # L00000003736

1. Limited Liability Company's Name

OLD SALT, L.C.

2. Principal Office Address

2425 HARDEN BLVD

Suite, Apt. #, etc.

#136

City & State

LAKE LAND, FL.

Zip

33803

Country

U.S.A.

3. Mailing Office Address

P.O. BOX 2811

Suite, Apt. #, etc.

City & State

LAKE LAND, FL.

Zip

33806

Country

U.S.A.

4. State/Country of Formation

FLORIDA / USA

**5. Date Organized or Qualified
To Do Business in Florida**

04.00

6. FEI Number

59-3635836

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

☒ \$3.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

KEVIN E. CASWELL

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

1548 MOCKINGBIRD LN

Suite, Apt. #, Etc.

City

LAKE LAND

State

FL

Zip Code

33801

200004749192-1

-01/03/02--01047--010

****155.00 ****155.00

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 10-16-01

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
MGR/MBR	KEVIN E. CASWELL	1548 MOCKINGBIRD LN.	LAKE LAND, FL. 33801
MGR.	BRANDON W. CASWELL	2425 HARDEN BLVD #136	LAKE LAND, FL. 33803

REINSTATEMENT 2001

Rein 100

UBR 50

CUS 5
155.00

Signature of

Managing Member/Manager

Date 10-16-01

Daytime Phone (863) 802-1810

Typed or printed name of signing Managing Member/Manager

KEVIN E. CASWELL

CR2EDM1 (9/01)