

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

01 DEC 11 AM 10:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L00000004490

1. Limited Liability Company's Name

Michael's mind, LLC

2. Principal Office Address

5600 Claire Rose Lane

Suite, Apt. #, etc.

3. Mailing Office Address

5600 Claire Rose Lane

Suite, Apt. #, etc.

4. State/Country of Formation

Florida USA

5. Date Organized or Qualified  
To Do Business in Florida

6. FEI Number

229-66-3179

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

City & State

ATLANTA, GA

City & State

Atlanta, GA

Zip

30327

Country

USA

Zip

30327

Country

USA

8. Name and Address of Current Registered Agent

Name

AGT Fred Harris

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

101 East College Avenue

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

900004725209-4

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\*\*\*\*150.00 \*\*\*\*150.00

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 11/12/01

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
MEMBER	STEVEN A. TILLER	5600 Claire Rose Lane	ATLANTA, GA. 30327

REINSTATEMENT

*[Signature]*  
dec

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 I file 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 by the limited liability company.

Signature of

Managing Member/Manager

*[Signature]* Steven A. Tiller

Date 11/10/01

Daytime Phone # 404-252-4012

Typed or printed name of signing Managing Member/Manager

STEVEN A. TILLER

CR20041 (9/01)