

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

02 JAN 28 PM 2:04

DOCUMENT # L00000007190

1. Limited Liability Company's Name

MoYo, L.L.C.

2. Principal Office Address

945 Palm Valley Rd

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Ponte Vedra Beach, FL

City & State

Zip

Country

32082

USA

Zip

Country

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified
To Do Business in Florida

9/1/1997

6. FEI Number

59-3652784

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

David Youngblood

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

945 Palm Valley Road

Suite, Apt. #, Etc.

City

Ponte Vedra Beach

State

FL

Zip Code

32082

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****200.00 ****200.00

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

David J. Youngblood
REGISTERED AGENT MUST SIGN

Date 1/24/01

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
Pres	T. Boyd Moody	1305 Ponte Vedra Blvd	Ponte Vedra Beach, FL 32082
VP	David J. Youngblood	945 Palm Valley Rd	Ponte Vedra Beach, FL 32082
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			01 UBR 50
			02 UBR 50
			200.00
			nc

REINSTATEMENT

2001-2002

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

David J. Youngblood

Date 1/24/01

Daytime Phone# (904) 237-2787

Typed or printed name of signing Managing Member/Manager

David J. Youngblood

CR2E041 (9/01)