

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY
REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Division of Corporations

FILED

03 MAY 22 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000008258

1. Limited Liability Company's Name

CANOPY, LLC

400015748014
05/22/03--01013--028 **50.00

2. Principal Office Address

563 Canal Road

3. Mailing Office Address

P.O. Box 672

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ponte Vedra Beach, FL

City & State

Ponte Vedra Beach, FL

Zip

32082

Country

USA

Zip

32004

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

07-12-00

6. FEI Number

59-3658441

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

MOTOLAW, Inc.

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

50 North Laura Street

Suite, Apt. #, Etc.

Suite 2500

City

Jacksonville

State

FL

Zip Code

32202

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

Robert S. L. & as President
REGISTERED AGENT MUST SIGN

Date

4/10/03

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	Alpha A. Gay	563 Canal Road	Ponte Vedra Beach, FL 32082

400015748014

04/11/03--01023--017 **150.00

REINSTATEMENT
REINSTATEMENT

03
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 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

Alpha A. Gay

Date 4/10/03

Daytime Phone# 904-285-6785

Typed or printed name of signing Managing Member/Manager

Alpha A. Gay

CR2E041 (10/02)