

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

03 JAN -8 AM 8:49

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L0000000/0166

1. Limited Liability Company's Name

CANYON RESOURCES, LLC

800009632908
12/23/02--U1038--003 **150.00

2. Principal Office Address

849 S. BOULEVARD

Suite, Apt. #, etc.

City & State

TAMPA FL

Zip

33606

Country

3. Mailing Office Address

849 S. BOULEVARD

Suite, Apt. #, etc.

City & State

TAMPA FL

Zip

33606

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

8/16/00

6. FEI Number

59-3666794

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

SHIRLEY GAMBLE

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

849 S. BOULEVARD

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33606

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

Shirley Gamble

12/30/02

Date

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
MEM	SHIRLEY GAMBLE	849 S. BOULEVARD	TAMPA FL 33606

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

Shirley Gamble

Date

12/30/02

Daytime Phone #

813-251-2197

Typed or printed name of signing Managing Member/Manager

SHIRLEY GAMBLE

CR2E041 (9/01)