

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JUN -6 PM 3:12

DOCUMENT # L 000000 10336

1. Limited Liability Company's Name

Everglades Holding Company LLC

200104120372
06/03/07--01033--024 **350.00

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #

3111 22nd Ave North

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

City & State

Zip

33713

Country

USA

Zip

Country

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified
To Do Business in Florida

08/28/2000

6. FEI Number

593667096

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

W. Terrill Reeb Jr

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

3111 22nd Avenue North

Suite, Apt. #, Etc.

St.

City

St. Petersburg

State

FL

Zip Code

33713

☐ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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

W. Terrill Reeb Jr

REGISTERED AGENT MUST SIGN

Date

5/30/07

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	W. Terrill Reeb Jr	3111 22nd Avenue N	St. Petersburg, FL 33713

REINSTATEMENT

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

W. Terrill Reeb Jr

Date

5/30/07

Daytime Phone #

Typed or printed name of signing Managing Member/Manager