PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L000010925

1. Limited Liability Company's Name
Armadillo, LLC

900383591158 23
10/17/19--01012--022 **516.25

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1233 Saxon Boulevard	3201 Pleasant Run
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	Suite C
City & State	City & State
Orange City, FL	Springfield, IL
Zip / Country	Zip / Country
32763 / United States	62711 / United States

4. State/Country of Formation
FL

5. Date Organized or Qualified To Do Business in Florida 09/12/2000

6. FEI Number
59-3670283
☐ 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
Dennis P. Johnson

Street Address (P.O. Box Number is Not Acceptable) Suite,
1233 Saxon Boulevard

Apt. #, Etc.

City: Orange City | State: FL | Zip Code: 32763

9. I being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent _____ Date 10/14/2019

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
Member	Dennis P. Johnson	1233 Saxon Boulevard	Orange City, FL 32763
		17-19	
			dcc
			NOV 27 2019

11. E-mail Address: jburris@pfanow.com (To be used for future annual report notifications) D CUSHING

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member _____ Date 10/14/2019 Daytime Phone # 386-801-6882

Typed or printed name of signing authorized representative/member Dennis P. Johnson