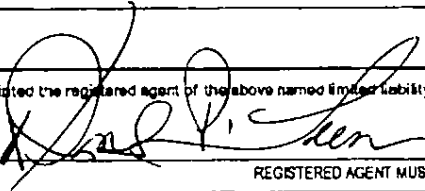
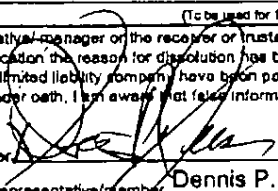


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

19 NOV 21 PM 4:22

LIMITED LIABILITY COMPANY REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L000010925					
1. Limited Liability Company's Name Armadillo, LLC					
2. Principal Office Address - No P.O. Box # 1233 Saxon Boulevard		3. Mailing Office Address 3201 Pleasant Run		CR2E041 (1/14)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State/Country of Formation FL	
City & State Orange City, FL		City & State Springfield, IL		5. Date Organized or Qualified To Do Business in Florida 09/12/2000	
Zip 32763	Country United States	Zip 62711	Country United States	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 805, F.S.					
Signature of Registered Agent 				Date 10/14/2019	
REGISTERED AGENT MUST SIGN					
10. Names and Street Addresses of Authorized Representatives/Managers					
Title	Name of Authorized Representative/Manager	Street Address of Each Authorized Representative/Manager		City / State / Zip	
Member	Dennis P. Johnson	1233 Saxon Boulevard		Orange City, FL 32763	
				NOV 27 2019	
11. E-mail Address: jburris@pfanow.com					
(To be used for future annual report notifications)					
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 805, 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 805.0012, 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					

17-19

dec