PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 FEB -8 AM 8:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000011852

1. Limited Liability Company's Name

ALLEN E. WARD L.L.C.

2. Principal Office Address	**3.** Mailing Office Address
Bldg # 3168	P.O. Box 8499
Suite, Apt. #, etc. Main St.	Suite, Apt. #, etc.
City & State Cottondale, Fla.	City & State Cottondale, Fla
Zip 32431 Country U.S.A.	Zip 32431 Country U.S.A.

4. State/Country of Formation Florida, U.S.A.

5. Date Organized or Qualified To Do Business in Florida Sept. 1st 2000

6. FEI Number 593673272 ☐ 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: ALLEN E. WARD

Street Address (P.O. Box Number is Not Acceptable): P.O. Box 499

Suite, Apt. #, Etc.: 3168 Main St.

City: Cottondale, Fla.

State: FL Zip Code: 32431

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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: Allen E. Ward
REGISTERED AGENT MUST SIGN

Date: Jan 30th - 2002

CR2E041 (9/01)

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	ALLEN E. WARD	3168 Main St	Cottondale, FL. 32431

REINSTATEMENT 01-02

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: Allen E. Ward Date: Feb 6th-02 Daytime Phone # 850-352-4911

Typed or printed name of signing Managing Member/Manager: ALLEN E. WARD