

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

06 SEP 14 AM 10:06

DOCUMENT # L00000014166

1. Limited Liability Company's Name

Civix Holdings LLC

2. Principal Office Address

2033 Main Street

Suite, Apt. #, etc.

Suite 201

City & State

Sarasota, FL

Zip

34237

Country

USA

3. Mailing Office Address

2033 Main Street

Suite, Apt. #, etc.

Suite 201

City & State

Sarasota, FL

Zip

34237

Country

USA

CR2E041 (8/05)

4. State/Country of Formation

**5. Date Organized or Qualified
To Do Business in Florida**

11/16/2000

6. FEI Number
65-1134006

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

Bruce P. Chapnick, Esq.

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

Icard, Merrill, Cullis, Timm, Furen & Ginsburg, P.A.

Suite, Apt. #, Etc.

2033 Main Street, Suite 600

City

Sarasota

State

FL

Zip Code

34237

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

9/21/06

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
MGRM	Rod Connelly	2033 Main Street, Suite 201	Sarasota, FL 34237

REINSTATEMENT 03-06
000080310980
09/29/06--01061--011 **300.00

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

[Signature]

Date 9/21/06

Daytime Phone # 941-953-7700

Typed or printed name of signing Managing Member/Manager Rod Connelly