

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

2002
APPLICATION
FOR
REINSTATEMENT
LLC UBR



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 DEC 13 AM 10:03

1. DOCUMENT # L00000015305

Name and Mailing Address

0009103 01 FP 0.352 **PRSRT HO 0 0615 32127-803654

MID-STATE VENTURES LLC
4651 S. ATLANTIC AVE., #9404
PONCE INLET FL 32127-8036



2. New Mailing Address

4919 B. RIVOLI DRIVE

City, State, Zip
MACON, GA. 31210

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

12/11/2000

Principal Place of Business

4651 S. ATLANTIC AVE., #9404
PONCE INLET FL 32127

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number

58-2588243

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

CURLEY, CHARLES R JR
1301 RIVERPLACE BLVD.
SUITE 1500
JACKSONVILLE FL 32207

9. Name and Address of New Registered Agent

Name

J. GORDON BENNETT III

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

4651 S. ATLANTIC AVE #9404

City

PONCE INLET

FL

Zip Code

32127

10. 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

J. Gordon Bennett III
REGISTERED AGENT MUST SIGN

Date 11-13-02

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	MID STATE INVESTMENTS, INC.	4651 S ATLANTIC AVE., #9404	PONCE INLET FL 32127

7000009113087
11/20/02--01066--021 **50.00

Wet
12/13/02

12. 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

J. Gordon Bennett III
J. GORDON BENNETT III

Date 11-13-02 Daytime Phone (386) 767-9760

Typed or printed name of signing Managing Member/Manager

2 of 2

December 10, 2002

Department of the State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Mid-State Ventures LLC
Ref# L00000015305
Letter # 902 A00063390

SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 DEC 13 AM 10:03

Dear Ms. Brenda Tadlock
Sr. Corporate Section Administrator

We didn't receive either of the notices
that were sent to us for Mid-State Ventures.

The only notice that we received was
the past due notice about the first
of November.

We trust that this will rectify this
situation.

Thank you

Sincerely

Sharon Bennett III
Managing Member/Manager