

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2004 MAR 25 P 3:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000000133

1. Limited Liability Company's Name

The Independent Florida Sen, LLC

2. Principal Office Address

804 S. Palafox St.

Suite, Apt. #, etc.

City & State

Pensacola, FL

Zip

32502

Country

ESCOMBIA

3. Mailing Office Address

P.O. Box 12082

Suite, Apt. #, etc.

City & State

Pensacola, FL

Zip

32591

Country

ESCOMBIA

4. State/Country of Formation

Florida USA

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

1/03/01

6. FEI Number

59-3690813

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

RICHARD OUTZEN JR

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

804 S. Palafox St.

Suite, Apt. #, Etc.

City

PENSACOLA

State

FL

Zip Code

32502

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

3/23/04

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
<i>Pres</i>	<i>Richard Outzen Jr</i>	<i>110 Pinetree Dr.</i>	<i>Gulf Breeze FL 32561</i>

REINSTATEMENT

*02-04
dec*

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

3/23/04

Daytime Phone #

850 438-8115

Typed or printed name of signing Managing Member/Manager

Richard Outzen - Pres.