PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 OCT 14 AM 10:03

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L01000006245

1. Limited Liability Company's Name
Underwire Service's LLC

2. Principal Office Address	3. Mailing Office Address
18377 E Foliage Rd	18377 E Foliage Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Diamond, MO	City & State: Diamond, MO
Zip: 64840 Country: Newton	Zip: 64840 Country: Newton

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida: 4-23-01

6. FEI Number: 74-2996202 ☑ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Amount due is required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: James D. Carter JR
Street Address (P.O. Box Number is Not Acceptable): 1111 3rd Ave West
Suite, Apt. #, Etc.: Suite 150
City: Bradenton State: FL Zip Code: 34205

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.
Registered Agent _____ Date _____
REGISTERED AGENT MUST SIGN

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	Gary McCallum	18377 E Foliage Rd	Diamond, MO 64840
			200006522422 10/14/05--01049--001 **300.00
		REINSTATEMENT	2002-2005

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 _____ Date 10-7-05 Daytime Phone # 417-325-6240

Typed or printed name of signing Managing Member/Manager Gary McCallum