

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 FEB 11 PM 12:51

DOCUMENT # L01000007023

1. Limited Liability Company's Name

Strauss / Kelly LLC

2. Principal Office Address

3050 W. Thorpe St. Tallahassee, FL. 3050 W. Thorpe St.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Tallahassee, FL.

City & State

Tallahassee, FL.

Zip

32303

Country

USA

Zip

32303

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

5/4/01

6. FEI Number

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

John A. Kelly IV

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

3050 W. Thorpe St.

Suite, Apt. #, Etc.

City

Tallahassee

State
FL

Zip Code

32303

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 2/11/03

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
President Ted Strauss

3050 W. Thorpe St.

Tallahassee, FL. 32303

REINSTATEMENT

2002

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 terminated, 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 2/11/03

Daytime Phone # 850-528-1854

Typed or printed name of signing Managing Member/Manager