

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 JUN 13 AM 10:53

350.00
10-4-02

DOCUMENT # L01000007596

1. Limited Liability Company's Name

CONTEMPORARY RESOURCES, LLC

2. Principal Office Address

25 BELLMORE PLACE

Suite, Apt. #, etc.

City & State

PALM COAST, FL

Zip

32137

Country

USA

3. Mailing Office Address

25 BELLMORE PLACE

Suite, Apt. #, etc.

City & State

PALM COAST, FL

Zip

32137

Country

USA

CR2E041 (8/05)

4. State/Country of Formation

FLORIDA / USA

5. Date Organized or Qualified
To Do Business in Florida

5/14/2001

6. FEI Number

59-3717835

☒ 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

LESLENE LUE LAWRENCE

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

25 BELLMORE PLACE

Suite, Apt. #, Etc.

City

PALM COAST

State

FL

Zip Code

32137

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 4/10/2006

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
Pres.	Leslene Lue Lawrence	25 Bellmore Pl. Palm Coast FL 32137	Palm Coast FL 32137

600076293836
06/15/06--01042--016 **350.00

REINSTATEMENT 02-06

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

4/10/06

Daytime Phone #

904 759 4838

Typed or printed name of signing Managing Member/Manager

Leslene Lue Lawrence