

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT

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

03 NOV 13 PM 1:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **LO1000011066**

1. Limited Liability Company's Name

SEVEN OUT, LLC

2. Principal Office Address

1859 E. ADAMS ST.

Suite, Apt. #, etc.

3. Mailing Office Address

(SAME)

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL

Zip

32202

Country

USA

City & State

Zip

Country

4. State/Country of Formation

FL USA

5. Date Organized or Qualified
To Do Business in Florida

07/09/01

6. FEI Number

59-3738707

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

**\$300 Additional Fee required
for a Certificate of Status**

8. Name and Address of Current Registered Agent

Name

VICKI CARDEN

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

1859 E ADAM ST

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32202

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

Vicki A. Carden

REGISTERED AGENT MUST SIGN

Date **11/10/03**

CR2041 (9/01)

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
MEM	FERRELL CARDEN	1859 E ADAMS ST	JACKSONVILLE, FL 32202

REINSTATEMENT

03

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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

Ferrell Carden

Date

NOV 10, 03

Daytime Phone #

904 356 3391

Typed or printed name of signing Managing Member/Manager

FERRELL CARDEN