

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUN 16 PM 2:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000012618

1. Limited Liability Company's Name

Ferns Holder, L.L.C.

700038046907
06/17/04--01033--010--**430.00

2. Principal Office Address

901 Mulberry Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Panama City, Florida

City & State

Zip

32401

Country

US

Zip

Country

4. State/Country of Formation

FI

5. Date Organized or Qualified
To Do Business in Florida

07/30/2001

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

Hughes, J Robert

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

220 McKenzie Ave

Suite, Apt. #, Etc.

City

Panama City,

State

FL

Zip Code

32401

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

REGISTERED AGENT MUST SIGN

Date

6/14/04

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 |
|--------|--------------------------------------|---|-----------------------|
| mgrm | Hicks, Dwight C | 4409 Tropical Dr | Panama City, FI 32404 |
| mgrm | Hicks, Wanda M | 4409 Tropical Dr | Panama City, FI 32404 |
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REINSTATEMENT

2003-
2004

JB

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 06/08/

Daytime Phone # 07/30/2001

Typed or printed name of signing Managing Member/Manager D C Hicks

CR2E041 (10/02)