

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 SEP 20 AM 10:34

DOCUMENT # LD1008012618

1. Limited Liability Company's Name

Ferns Holder, LLC

2. Principal Office Address

901 Mulberry Ave

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Panama City FL

Zip
32401

Country
US

Zip

Country

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

07/30/2001

6. FEI Number

38-3742210

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 McKinzie Ave

Suite, Apt. #, Etc.

City

Panama City FL

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

J. Robert Hughes
REGISTERED AGENT MUST SIGN

Date 9/23/06

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
man	Hicks Dwight C	2706 Woodmere	Panama City FL 32401
man	Hicks Wanda M	2706 Woodmere	Panama City FL 32401

REINSTATEMENT 05-06

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

D C Hicks

Date 9/23/06

Daytime Phone # 850 763 0731

Typed or printed name of signing Managing Member/Manager

Dwight C Hicks