

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

L01000015472

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 NOV 26 PM 12:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L0 1000015472

1. Limited Liability Company's Name

TOUCH OF CLASS, LLC

2. Principal Office Address

872 SW Main Boulevard

Lake City, Florida 32025  
Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. State/Country of Formation  
Florida

5. Date Organized or Qualified

To Do Business in Florida September 10, 2001

6. FEI Number

59-3755167

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

Gwendolyn K. McCauley

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

4144 NW Noegel Road

Suite, Apt. #, Etc.

City

Wellborn, Florida

State  
FL

Zip Code

32094

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

Gwendolyn K. McCauley

REGISTERED AGENT MUST SIGN

Date November 21, 2003

**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	GWENDOLYN K. McCAULEY	4144 NW Noegel Road	Wellborn, Florida 32094
MGRM	SHAWN M. THOMAS	10822 NW Lake Jeffrey Rd.	Wellborn, Florida 32094

REINSTATEMENT 2002-2003

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

Gwendolyn K. McCauley

GWENDOLYN K. McCAULEY

Typed or printed name of signing Managing Member/Manager

Date 11/21/03

Daytime Phone # 386-754-5554

CR2E041 (10/02)