

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

L01000021515

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JUN 21 AM 8:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000021515

1. Limited Liability Company's Name

The Charlemagne Company LLC

2. Principal Office Address

2013 Line Oak Blvd.

Suite, Apt. #, etc.

Suite J

City & State

St. Cloud FL

Zip

34771

Country

U.S.A.

3. Mailing Office Address

2013 Line Oak Blvd.

Suite, Apt. #, etc.

Suite J

City & State

St. Cloud, FL

Zip

34771

Country

U.S.A.

4. State/Country of Formation

Florida U.S.A.

5. Date Organized or Qualified
To Do Business in Florida

12/12/2001

6. FEI Number

04-3673147

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

Daniel R. Blackford 400038291384

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

2013 Line Oak Blvd 400038291384

Suite, Apt. #, Etc.

Suite J

City

St. Cloud

State

FL

Zip Code

34771

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

Daniel R. Blackford

REGISTERED AGENT MUST SIGN

Date 6-16-2004

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
mgr	Daniel R. Blackford	2013 Line Oak Blvd, Ste J	St. Cloud, FL 34771

REINSTATEMENT 2003-2004

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

Daniel R. Blackford

Date 6-16-04 Daytime Phone # 407-957-9945

Typed or printed name of signing Managing Member/Manager

Daniel R. Blackford

CR2E041 (10/02)