

PLEASE READ ALL INSTRUCTIONS BEFORE REPLYING TO THIS FORM

**L02060000326**

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
04 MAR 31 PM 5:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L02000000326**

1. Limited Liability Company's Name

**She Shells Investment, LLC**

**03**

2. Principal Office Address

**1268 Bayside Blvd**

Suite, Apt. #, etc.

3. Mailing Office Address

**914 Eurler Rd.**

Suite, Apt. #, etc.

**403**

City & State

**Dunedin**

City & State

**Florida**

Zip

**34698**

Country

**Pinellas**

Zip

**34698**

Country

**Pinellas**

4. State/Country of Formation

**FLORIDA**

5. Date Organized or Qualified To Do Business in Florida

**01/04/2002**

6. FEI Number

**01-0557251**

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$0.00 Additional Fee required for a Certificate of Status

**8. Name and Address of Current Registered Agent**

Name

**SALLY FOWNER**

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

**1268 Bayside Blvd.**

Suite, Apt. #, Etc.

City

**Dunedin**

State

**FL**

Zip Code

**34698**

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

**Sally Fowner**

Date

**3-30-04**

REGISTERED AGENT MUST SIGN

**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
<b>MGRM</b>	<b>SALLY FOWNER</b>	<b>1268 Bayside Blvd</b>	<b>Dunedin FL 34698</b>

**REINSTATEMENT**

**2003-2004**

**800031573208**

**mk**

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

**Sally Fowner**

Date

**3-30-04**

Daytime Phone #

**727-734-7346**

Typed or printed name of signing Managing Member/Manager

**SALLY FOWNER**

CR2E041 (10/02)



# LU2006000326

ACCOUNT NO. : 072100000032

REFERENCE : 533653 7427179

AUTHORIZATION :

*Patricia P. P.*

COST LIMIT : \$ 205.00

ORDER DATE : March 30, 2004

ORDER TIME : 10:49 AM

ORDER NO. : 533653-005

CUSTOMER NO: 7427179

CUSTOMER: Ms. Sally Fonner  
Stirling Corporate Services,  
914 Curlew Road, #402

Dunedin, FL 34698

DOMESTIC FILINGS

NAME: SHE SHELLS INVESTMENT, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
       PLAIN STAMPED COPY  
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan

EXAMINER'S INITIALS \_\_\_\_\_

RECEIVED  
04 MAR 31 PM 12:49  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
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