

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

05 JAN 24 AM 9:52

DOCUMENT # **LO2000001134**

1. Limited Liability Company's Name

FES, LLC

2. Principal Office Address

302 MOONLIGHT Bay DR.

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

PANAMA CITY BEACH, FL

City & State

SAME

Zip

32407

Country

USA

Zip

SAME

Country

SAME

4. State/Country of Formation

FLORIDA / USA

5. Date Organized or Qualified
To Do Business in Florida

1/15/2002

6. FEI Number

900004175

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

FRANK L. SCHWANDT

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

302 MOONLIGHT Bay DRIVE

Suite, Apt. #, Etc.

City

PANAMA CITY BEACH

State

FL

Zip Code

32407

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

Frank L. Schwandt

REGISTERED AGENT MUST SIGN

Date

1/21/2005

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	FRANK L. SCHWANDT	302 MOONLIGHT Bay Dr	PANAMA CITY BEACH, FL 32407
MGR	STEPHANIE T. SCHWANDT	302 MOONLIGHT Bay Dr	PANAMA CITY BEACH, FL 32407

000045891720
02/03/05--01006--016 **250.00

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

Frank L. Schwandt

Date

1/21/05

Daytime Phone #

850-233-2873

Typed or printed name of signing Managing Member/Manager

FRANK L. SCHWANDT

CR2E041 (10/02)