

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

12 FEB -7 PM 1:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000001828

1. Limited Liability Company's Name

Chapman, L.L.C.

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #
1075 Highway 17 South

Suite, Apt. #, etc.

City & State

Wauchula, FL

Zip

33873

Country

3. Mailing Office Address
P.O. Box 366

Suite, Apt. #, etc.

City & State

Wauchula, FL

Zip

33873

Country

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida 1/22/02

6. FEI Number
47-0850563

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
E. Snow Martin, Jr.

Street Address (P.O. Box Number is Not Acceptable)
200 Lake Morton Drive

Suite, Apt. #, Etc.

City
Lakeland

State
FL

Zip Code
33801

E-mail Address:

100220808231
02/07/12--01025--028 **576.25

Lakmo@aol.com

(To be used for future annual report notices)

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

E. Snow Martin, Jr.

REGISTERED AGENT MUST SIGN

Date Jan 23, 2012

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 | John L. Matz | 1075 Highway 17 South | Wauchula, FL 33873 |
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REINSTATEMENT 2010-12 Jan

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

John L. Matz

Date

1/25/12

Daytime Phone # 863-773-5831

Typed or printed name of signing Managing Member/Manager John L. Matz