

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 MAR 21 AM 9:32

DOCUMENT # L02000002262

1. Limited Liability Company's Name

Net Profit Advisors, LLC

2. Principal Office Address

300 East McBee Avenue

Suite, Apt. #, etc.

Suite 300

City & State

Greenville, SC

Zip

29601

Country

USA

3. Mailing Office Address

300 East McBee Avenue

Suite, Apt. #, etc.

Suite 300

City & State

Greenville, SC

Zip

29601

Country

USA

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified
To Do Business in Florida

January 23, 2002

6. FEI Number

20-2278211

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

Keasler, Frank R. Jr.

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

4309 Pablo Oaks Court

Suite, Apt. #, Etc.

Suite Five

City

Jacksonville

State

FL

Zip Code

32224

REINSTATEMENT

03-05

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 R. Keasler Jr.

REGISTERED AGENT MUST SIGN

Date February 4, 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
Mngr	Curt Stodghill	300 East McBee Avenue; Suite 300	Greenville, SC 29601

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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

Curt Stodghill

Date 02/04/2005

Daytime Phone # 864-271-0966

Typed or printed name of signing Managing Member/Manager Curt Stodghill

CR2E041 (10/02)