

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # **L02000003495**

1. Limited Liability Company's Name

RANSOM & ASSOCIATES, L.L.C.

REINSTATEMENT 2003-2004

2. Principal Office Address

361 A1A Beach Blvd.

Suite, Apt. #, etc.

3. Mailing Office Address

361 A1A Beach Blvd.

Suite, Apt. #, etc.

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

02/13/02

6. FEI Number

NONE

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

City & State

St. Augustine Florida

Zip

32080

Country

USA

City & State

St. Augustine Florida

Zip

32080

Country

USA

8. Name and Address of Current Registered Agent

Name

KEVIN J. VAHEY

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

361 A1A Beach Boulevard

Suite, Apt. #, Etc.

City

St. Augustine

State

FL

Zip Code

32080

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

3/1/2004

CR2004 (10/02)

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 |
|-----------------------------------|--------------------------------------|---|---------------------------------|
| 2nd VP/S | STEVEN E. RANSOM | 313 Marshside Drive North | St. Augustine, FL 32080 |
| Board of Directors | HOLLY H. RANSOM | 313 Marshside Drive North | St. Augustine, FL 32080 |
| P | KEVIN J. VAHEY | 40 Jessica Lynn Place | Crescent Beach, FL 32086 |
| 1st VP/T | KIRK R. TOBUCK | 317 Flagler Boulevard Unit 6A | St. Augustine, FL 32080 |
| | 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

[Signature]

Date

2/2/04

Daytime Phone #

(904) 471-2292

Typed or printed name of signing Managing Member/Manager

STEVEN RANSOM