

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Limited Liability Company's Name
02000003947

100263458911
08/19/14--01016--007 **932.50

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box # 1090 Carbonne Court		3. Mailing Office Address 4090 Carbonne Court	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Cumming, GA		City & State Cumming, GA	
Zip 10040	Country USA	Zip 30040	Country USA

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida
February 19, 2002

6. FEI Number 030392782	Applied For <input type="checkbox"/>
	Not Applicable <input checked="" type="checkbox"/>

7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
Judd, Ulrich, Scarlett, Wickman & Dean, PA

Street Address (P.O. Box Number is Not Acceptable)
2940 South Tamiami Trail

Suite, Apt. #, Etc.

City
Sarasota

State
FL

Zip Code
34239

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent *John E. Wickman, President* Date **8/18/14**
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
Manager	Priscilla Rey Smith	4090 Carbonne Court	Cumming, GA 30040

FILED
 2014 AUG 19 PM 12:43
 CLERK OF STATE
 TALLAHASSEE, FLORIDA

11. E-mail Address: **prey1@ymail.com**

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager *Priscilla Rey Smith* Date **8/18/2014** Daytime Phone # **6787363413**
Typed or printed name of signing Authorized Representative/Manager **Priscilla Rey Smith**