

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L020000004924

1. Limited Liability Company's Name

The Sparkling Crown

2. Principal Office Address

4716 Sheffield Rd

Suite, Apt. #, etc.

City & State

Land O'Lakes, Fl.

Zip

34639

Country

3. Mailing Office Address

4716 Sheffield Rd

Suite, Apt. #, etc.

City & State

Land O'Lakes, Fl.

Zip

34639

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

2/28/02

6. FEI Number

76-0826084

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

Misty Hayes

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

4716 Sheffield Rd

Suite, Apt. #, Etc.

City

Land O'Lakes

State

FL

Zip Code

34639

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

Misty Hayes

REGISTERED AGENT MUST SIGN

Date

4/22/06

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
<u>MGRM</u>	<u>Misty Hayes</u>	<u>4716 Sheffield Rd</u>	<u>Land O'Lakes, Fl. 34639</u>
<u>MGRM</u>	<u>Sheila Hayes</u>	<u>4716 Sheffield Rd</u>	<u>Land O'Lakes, Fl. 34639</u>

**REINSTATEMENT**

**2003-  
2006**

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

Misty Hayes

Date

4/22/06

Daytime Phone #

813-695-5318

Typed or printed name of signing Managing Member/Manager

Misty Hayes