

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

06 DEC -5 AM 8:53

DOCUMENT # L02000007782

1. Limited Liability Company's Name

With His Blessings LLC

2. Principal Office Address

2913 Carmela St.

Suite, Apt. #, etc.

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Deltona

City & State

Florida

Zip

32738

Country

Volusia

Zip

32738

Country

Volusia

CR2E041 (8/05)

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified
To Do Business in Florida

04-02-2002

6. FEI Number

01-0655460

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

Palmetto Charter Service

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

150 Magnolia Ave.

Suite, Apt. #, Etc.

City

Daytona Beach

State

FL

Zip Code

32114

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]

Date 11/7/06

REGISTERED AGENT MUST SIGN

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.	Lisa B. Beattie	2913 Carmela St.	Deltona, FL. 32738

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

Lisa B. Beattie

Date

11-2-06

Daytime Phone #

(386) 532-1246

Typed or printed name of signing Managing Member/Manager

Lisa B. Beattie