

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

300.00  
9-26-02

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 NOV -9 PM 11:13

DOCUMENT # LO2000 009952  
1. Limited Liability Company's Name All Saints Lobby

2. Principal Office Address 1435 Piedmont Dr. East  
Suite, Apt. #, etc.

3. Mailing Office Address 1435 Piedmont Dr. East  
Suite, Apt. #, etc.

City & State Tallahassee FL  
Zip 32308 Country USA

City & State Tallahassee FL  
Zip 32308 Country USA

4. State/Country of Formation

FL / USA

5. Date Organized or Qualified  
To Do Business in Florida

4-25-02

6. FEI Number

75-3071299

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

Larry Elliott

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

1435 Piedmont Drive East

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32308

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

Larry G. Elliott

REGISTERED AGENT MUST SIGN

Date 10-19-06

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
manager	<u>Larry Elliott</u>	<u>1435 Piedmont Dr. East</u>	<u>Tallahassee FL 32308</u>
			<u>200081108582</u>
			<u>10/23/06--01019--016 **250.00</u>
			<u>200081108582</u>
			<u>10/23/06--01019--017 **5.00</u>
			<u>200081108582</u>
			<u>11/14/06--01063--003 **45.00</u>
			<u>REINSTATEMENT 03-06</u>

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

Larry G. Elliott

Date 10-19-06 Daytime Phone # 850-468-2008

Typed or printed name of signing Managing Member/Manager

LARRY G. ELLIOTT