

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

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DOCUMENT # L02000013988

1. Limited Liability Company's Name

Endeavour, LLC

2. Principal Office Address
1199 Orange Ave

Suite, Apt. #, etc.

City & State
Orlando, Florida

Zip
32804

Country
USA

3. Mailing Office Address
1199 Orange Ave

Suite, Apt. #, etc.

City & State
Orlando, Florida

Zip
32804

Country
USA

4. State/Country of Formation
Florida/USA

**5. Date Organized or Qualified
To Do Business in Florida** 6/6/2002

6. FEI Number 36-4504526

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
BUSINESS FILINGS INCORPORATED

Street Address (P.O. Box Number is Not Acceptable)
660 EAST JEFFERSON STREET

Suite, Apt. #, Etc.

City
TALLAHASSEE

State
FL

Zip Code
32301-0000

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** *Mark Schiff* **AUP Mark Schiff**
REGISTERED AGENT MUST SIGN

Date 7.06.04

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 |
|--------|--------------------------------------|---|------------------------|
| MGRM | Harold F. Mills | 1199 Orange Ave | Orlando, Florida 32804 |
| MGR | Larry C. Moye | 1199 Orange Ave | Orlando, Florida 32804 |
| MGR | Roger Dunnavan | 1199 Orange Ave | Orlando, Florida 32804 |
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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** *H. F. Mills* **Date** 7.06.04 **Daytime Phone #** 407.447.3808

Typed or printed name of signing Managing Member/Manager H. F. Mills