

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUN 30 AM 9:01

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000016614

1. Limited Liability Company's Name

CONTRA-X, LLC

2. Principal Office Address

17 EAST GALVEZ COURT
Suite, Apt. #, etc.

3. Mailing Office Address

17 EAST GALVEZ COURT
Suite, Apt. #, etc.

City & State

PENSACOLA BCH FL

Zip

32561

Country

USA

City & State

PENSACOLA BCH FL

Zip

32561

Country

USA

4. State/Country of Formation

FLORIDA USA

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

680517873

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

~~TOM~~ STACEY ALLEN CLARK, PARTINGTON, HART

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

125 W. ROMA ST

Suite, Apt. #, Etc.

STE 800

City

PENSACOLA

State

FL

Zip Code

32501

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

REGISTERED AGENT MUST SIGN

Date 6-23-05

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
MEM	TOM CALLEN II	17 E GALVEZ COURT	PENSACOLA BCH FL 32561

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 608.408, 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

Date 06/23/05

Daytime Phone # 850-572-9705

Typed or printed name of signing Managing Member/Manager

TOM C ALLEN II

CR2E041 (10/02)