

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

14 MAR 13 AM 10:59

DOCUMENT #

1. Limited Liability Company's Name

LO2000016711

4 Now, LLC

2. Principal Office Address - No P.O. Box #

679 Wakulla Springs Road

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Crawfordville, Florida

City & State

Zip

Country

32327

US

Zip

Country

8. Name and Address of Current Registered Agent

Name

Mike McAuley

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

679 Wakulla Springs Rd.

Apt. #, Etc.

City

Crawfordville

State

FL

Zip Code

32327

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent

Mike McAuley

REGISTERED AGENT MUST SIGN

Date 3-13-14

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
AMBR	Mike McAuley	679 Wakulla Springs Rd.	Crawfordville, Fl. 32327

11. E-mail Address:

macpray7@hughes.net

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Mike McAuley

Date

3-13-14

Daytime Phone #

(850) 570-9098

Typed or printed name of signing authorized representative/member

CR2E041 (1/14)

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a certificate of status

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03/13/14--01023--013 **1765.00

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