

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 MAR -5 AM 9:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000019027

1. Limited Liability Company's Name

Ballard Corum, LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #
1315 Gunnison Ave.

Suite, Apt. #, etc.

City & State
Orlando, FL

Zip
32803

Country
US

3. Mailing Office Address
1315 Gunnison Ave.

Suite, Apt. #, etc.

City & State
Orlando, FL

Zip
32803

Country
US

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida **7/26/2002**

6. FEI Number
13-4205418

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
Ashley McCammon

Street Address (P.O. Box Number is Not Acceptable)
1315 Gunnison Ave. 1321 Chichester St.

Suite, Apt. #, Etc.
Orlando 32803

City
Orlando, FL

State
FL

Zip Code
32803

☐ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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 **2/21/07**

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	Ashley McCammon	1315 Gunnison Ave.	Orlando, FL 32803
MGRM	Amanda McCammon	1922 Harrison Ave.	Orlando, FL 32803

REINSTATEMENT 03-07

000091559048
03/07/07--01035--023 **350.00

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

Date

2-23-07

Daytime Phone #

407-5321711

Typed or printed name of signing Managing Member/Manager