

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

06 OCT 12 PM 2:19

DOCUMENT # L02000019753

1. Limited Liability Company's Name
ASPADISTRA, L.C.

CR2E041 (8/05)

2. Principal Office Address
1430 E. PIEDMONT DRIVE

3. Mailing Office Address

Suite, Apt. #, etc.
SUITE 100

Suite, Apt. #, etc.

City & State
TALLAHASSEE, FL

City & State

Zip
32308

Country
USA

Zip

Country

4. State/Country of Formation
FLORIDA

**5. Date Organized or Qualified
To Do Business in Florida** 8/2/02

6. FEI Number
550794247

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
DANIEL E. MANAUSA, ESQUIRE

Street Address (P.O. Box Number is Not Acceptable)
3520 THOMASVILLE ROAD, 4TH FLOOR

Suite, Apt. #, Etc.

City
TALLAHASSEE, FLORIDA 32309

State Zip Code
FL 32309

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

Date 10/12/06

REGISTERED AGENT MUST SIGN

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
MGR	RUBEN ROWE, III	1340 E. PIEDMONT STREET, SUITE 100	TALLAHASSEE, FL 32308

REINSTATEMENT

100080963481

10/12/06--01046--024 **250.00

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 10/12/06

Daytime Phone #

Typed or printed name of signing Managing Member/Manager RUBEN ROWE, III