

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 18 AM 8:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 602000021624

1. Limited Liability Company's Name
TANNERS PUB, LLC

2. Principal Office Address
325 W. Central Ave.

Suite, Apt. #, etc.

City & State

Winter Haven, FL

Zip

33880

Country

USA

3. Mailing Office Address

325 W. Central Ave.

Suite, Apt. #, etc.

City & State

WINTER HAVEN FL

Zip

33880

Country

USA

4. State/Country of Formation
Florida/USA

5. Date Organized or Qualified
To Do Business in Florida

8-21-2002

6. FEI Number

03-0479074

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required
for a Certificate of Status

12/18/03 01029 003 \$150

8. Name and Address of Current Registered Agent

Name

TENNICK, JOHN N

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

615 Kings Lane

Suite, Apt. #, Etc.

City

Winter Haven

State

FL

Zip Code

33880

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **12/15/2003**

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	TENNICK, JOHN N	615 KINGS LANE	WINTER HAVEN, FL 33880
MGRM	TENNICK, DEBBIE L	615 KINGS LANE	WINTER HAVEN, FL 33880

REINSTATEMENT *03*
OK

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

[Signature]

Date **12/15/2003**

Daytime Phone# **863.294.7220**

Typed or printed name of signing Managing Member/Manager **JOHN N. TENNICK**

CR2ED41 (10/02)