

APPROVED  
AND  
FILED 002

H03000337260-3

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

03 DEC 17 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDALIMITED LIABILITY  
COMPANY  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L02000022753

1. Limited Liability Company's Name  
LNK, LLC

REINSTATEMENT

## 2. Principal Office Address

601 Bayshore Blvd.

Suite, Apt. #, etc.

Ste. 700

City &amp; State

Tampa, FL

Zip

33606-2756

Country

USA

## 3. Mailing Office Address

P.O. Box 3287

Suite, Apt. #, etc.

City &amp; State

Tampa, FL

Zip

33601-3287

Country

USA

## 4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

9/3/02

## 6. FEI Number

☒ Applied For☐ Not Applicable7. CERTIFICATE OF STATUS DESIRED ☒\$5.00 Additional Fee required  
for a Certificate of Status

## 8. Name and Address of Current Registered Agent

Name

Thomas G. Long

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

601 Bayshore Blvd

Suite, Apt. #, Etc.

Ste. 700

City

Tampa

State

FL

Zip Code

33606

## 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

Thomas G. Long

Date 12/16/03

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
Mgrm	Thomas G. Long	601 Bayshore Blvd., Ste. 700	Tampa, FL 33606

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

Thomas G. Long

Date 12/16/03

Daytime Phone # 813-253-2020

Typed or printed name of signing Managing Member/Manager Thomas G. Long, Managing Member

Division of Corporations

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Florida Department of State  
Division of Corporations  
Public Access System

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(((H03000337260 3)))

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## To:

Division of Corporations  
Fax Number : (850)205-0383

## From:

Account Name : BARNETT, BOLT, KIRKWOOD & LONG  
Account Number : 072731001155  
Phone : (813)253-2020  
Fax Number : (813)251-6711

## LIMITED LIABILITY REINSTATEMENT

LNK, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$150.00

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