

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

09 FEB -6 AM 10:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **102000023805**

1. Limited Liability Company's Name

**Christopher C. Pickren LLC**

**600141892726**  
01/23/09--01050--009 \*\*516.25  
CR2E041 (10/08)

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

**97 Running Oak Cir**

Suite, Apt. #, etc.

3. Mailing Office Address

**97 Running Oak Cir**

Suite, Apt. #, etc.

City & State

**Santa Rosa Beach, FL**

City & State

**Santa Rosa Beach, FL**

Zip

**32459**

Country

**Walton**

Zip

**32459**

Country

**Walton**

4. State/Country of Formation

**Florida**

5. Date Organized or Qualified  
To Do Business in Florida

**9/13/2002**

6. FEI Number

**431976619**

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

**Christopher C. Pickren**

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

**97 Running Oak Cir**

Suite, Apt. #, Etc.

City

**Santa Rosa Beach**

State

**FL**

Zip Code

**32459**

☐ 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

**[Signature]**

Date

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 Pres	Chris Pickren	97 Running Oak Cir	Santa Rosa Bch. FL 32459

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

**2-2-09**

Daytime Phone #

**850 759-0388**

Typed or printed name of signing Managing Member/Manager