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APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood & Secretary of State

DIVISION OF CORPORATIONS

1. DOCUMENT #

Name and Mailing Address

L02000024340

03 NUV -5 AN 8 00 SECRETARY OF STATE

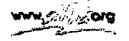
TALLAHASSEE, IFLORIDA

FILED

0016067 01 MB 0.309 **AUTO T9 0 0615 32463-062121 1allaaldaldaaddaadlaadaddadlaad CLOUD NINE CASKETS, LLC P.O. BOX 621 WAUSAU FL 32463-0621

2. New Mailing Address Same			4. State/Country of Formation	
City, State, Zip		Date Organized or Qualified To Do Business in Florida 09/19/2002		
rincipal Place of Business 1348 N, RAILROAD AVE, CHIPLEY FL 32428 US	3. New Principal Place of Busin 1860 Peffis City, State, Zip - 4. 60 Sau Chiple	Bd. 51-	0435721 \$5.00	Applied For Not Applicabl Additional Fee require Certificate of Status
8. Name and Address of Curre		Name and Address of New Registered Agent		
SMITH, CHARLES E 1860 PETTIS RD. CHIPLEY FL 32428 10. I, being appointed the register agent of the above named fimilted liat by company.		Name Street Address (P.O. Box Number is Not Acceptable) City Zip Code		
			FL	
signature of legistered Agent	REQUIR HEGISTERED AGENT MUST SIGN	•	Date 20_00. P.S.	
			ach City / State / Zip	
		aging Member/Manager	City / State /	/ Zip
MCRH Charles F Sm	Mana Mana Mana Mana Mana Mana Mana Mana	aging Member/Manager	Chiples Fl	
Members/Managers AGRH Charles F Sm	Mana Mana Mana Mana Mana Mana Mana Mana	aging Member/Manager	Chiples Fl	- · · · · · · · · · · · · · · · · · · ·
Members/Managers	Mana Mana Mana Mana Mana Mana Mana Mana	aging Member/Manager	Chiples Fl	- · · · · · · · · · · · · · · · · · · ·

Typed or printed name of signing Managing Member/Manager



Division of Corporations

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