

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR -7 AM 9:12

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

L02000024880

1. Limited Liability Company's Name

ESSENTIAL INVESTMENTS

2. Principal Office Address

P.O. BOX 25321

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33622

Country

USA

3. Mailing Office Address

P.O. BOX 25321

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33622

Country

USA

4. State/Country of Formation

FLORIDA

**5. Date Organized or Qualified
To Do Business in Florida**

9/24/02

6. FEI Number

13 4212189

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

Kerry A. Culpepper

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

5820 N. Church Ave.

Suite, Apt. #, Etc.

#132

City

Tampa

State

FL

Zip Code

33614

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

Kerry A. Culpepper

REGISTERED AGENT MUST SIGN

Date 3.4.05

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
Mrs.	Kerry A. Culpepper	5820 N. Church Ave #132	Tampa, FL 33614

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03/15/05--01029--006 **255.00

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

Kerry A. Culpepper

Date

3.4.05

Daytime Phone#

813.728-0242

Typed or printed name of signing Managing Member/Manager

Kerry A. Culpepper

CR20041 (10/02)