

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 APR 16 PM 2:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900097581049
04/19/07--01036--028 **350.00

CR2E041 (1/07)

DOCUMENT # L 02 0000 25763

1. Limited Liability Company's Name

Pond Frog, LLC.

2003 PK

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

6260 Dupont Station Court

Suite, Apt. #, etc.

Suite D

City & State

Jacksonville, Florida

Zip

32217

Country

Duval

3. Mailing Office Address

6260 Dupont Station Court

Suite, Apt. #, etc.

Suite D

City & State

Jacksonville, Florida

Zip

32217

Country

Duval

4. State/Country of Formation

Florida

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

10/1/2002

6. FEI Number

NONE

☐ 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

Charles Price

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

6260 Dupont Station Court

Suite, Apt. #, Etc.

Suite D

City

Jacksonville

State

FL

Zip Code

32217

☐ 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**

REGISTERED AGENT MUST SIGN

Date 3/15/07

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 Member	Charles Price	6260 Dupont Station Ct D.	Jacksonville FL 32217

REINSTATEMENT 2003-2007

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**

Date 3/26/07

Daytime Phone # 904 367-1700 x1

Typed or printed name of signing Managing Member/Manager

Charles B Price