

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JAN 24 AM 10:11

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2006

DOCUMENT # L02000027597

1. Limited Liability Company's Name

REVENGE LT, LLC

2. Principal Office Address

12705 Daniel Drive

Suite, Apt. #, etc.

3. Mailing Office Address

607 Apalachee Cir. NE

Suite, Apt. #, etc.

City & State

Clearwater

City & State

St. Petersburg

Zip
FL

Country

Pinellas

Zip
FL

Country

Pinellas

CR2E041 (8/05)

4. State/Country of Formation

Florida / Pinellas

5. Date Organized or Qualified
To Do Business in Florida

10/17/2002

6. FEI Number

71-0909931

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

Carol McAtee, CPA

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

5401 Central Avenue

Suite, Apt. #, Etc.

City

St. Petersburg

State
FL

Zip Code

33710

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

Carol McAtee

Date

1/3/06

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	JONES, DAVID E.	607 APALACHEE CIRCLE N.E.	ST. PETERSBURG FL 33702
MGRM	SADOWSKY, JONATHAN	5988 SW MOORE	PALM CITY FL 34990

500065014445
02/01/06--01089--019 **150.00

REINSTATED 2006
As Registered Agent

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

David E. Jones

Date

1/14/06

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

DAVID E. JONES