

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP 14 AM 9:12

DOCUMENT # LO 2000030270

1. Limited Liability Company's Name

Our Florida, LLC

2. Principal Office Address

20709 W. Pennsylvania Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

2604 Cleveland Heights Blvd.

Suite, Apt. #, etc.

City & State

Dunnellon, FL

Zip Country

34431

City & State

Lakeland, FL

Zip Country

33803

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

11/2/02

6. FEI Number

47-0899228

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

CR2E041 (8/05)

8. Name and Address of Current Registered Agent

Name

Jean Tullis

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

2604 Cleveland Heights Blvd.

Suite, Apt. #, Etc.

City

Lakeland

State

FL

Zip Code

33803

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

Jean Tullis
REGISTERED AGENT MUST SIGN

Date

9/13/06

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
M	Jean Tullis	2604 Cleveland Heights Blvd.	Lakeland, FL 33803
M	C. Stuart Tullis	2604 Cleveland Heights Blvd.	Lakeland, FL 33803

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

Jean Tullis

Date

9/13/06

Daytime Phone #

3526489-3114

Typed or printed name of signing Managing Member/Manager