

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 -6 AM 10:45

DOCUMENT #L02000030393

1. Limited Liability Company's Name

UNPOCO, LLC

2. Principal Office Address

2625 South Atlantic Ave.

3. Mailing Office Address

PO Box 313

Suite, Apt. #, etc.

#16

Suite, Apt. #, etc.

City & State

Cocoa Beach, FL

City & State

Windermere, FL

Zip

32931

Country

USA

Zip

34786

Country

USA

CR2E041 (8/05)

4. State/Country of Formation

USA

5. Date Organized or Qualified
To Do Business in Florida

11/13/2002

6. FEI Number

14-1855513

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

Karen M. Allen

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

2625 South Atlantic Ave.

Suite, Apt. #, Etc.

#16

City

Cocoa Beach

State

FL

Zip Code

32931

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

Karen M. Allen
REGISTERED AGENT MUST SIGN

Date 09/05/2006

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	Karen M. Allen	2625 South Atlantic Ave.	Cocoa Beach, FL. 32931
MGRM	Randal G. Allen	2625 South Atlantic Ave.	Cocoa Beach, FL. 32931

REINSTATEMENT 04-06

400079823884
09/14/06--01036--016 **250.00

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

Karen M. Allen

Date 09/05/06

Daytime Phone # (407)701-3737

Typed or printed name of signing Managing Member/Manager Karen M. Allen