

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2008 NOV 26 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000030480

1. Limited Liability Company's Name

DADDY'S ADVICE, LLC

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box # 39 THREE LAKES DRIVE Suite, Apt. #, etc.		3. Mailing Office Address 39 THREE LAKES DRIVE Suite, Apt. #, etc.	
City & State SAN ANTONIO, TX		City & State SAN ANTONIO, TX	
Zip 78248	Country USA	Zip 78248	Country USA

4. State/Country of Formation Florida/USA	
5. Date Organized or Qualified To Do Business in Florida 11/14/2002	
6. FEI Number 223867191	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name RICHARD T. HEIDEN, ESQ.			
Street Address (P.O. Box Number is Not Acceptable) 2723 STATE ROAD 580			
Suite, Apt. #, Etc.			
City CLEARWATER	State FL	Zip Code 33761	

☐ 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

[Signature]

Date 11/18/08

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
MGR	DOUG BELL	39 THREE LAKES DRIVE	SAN ANTONIO, TX 78248
MGR	SCOTT HITT	6133 THOMAS CIRCLE	LAND O LAKES FL 34639

REINSTATEMENT

06-07-08

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11/21/08-01037-014 **516.25

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

[Signature]

Date 11/13/08 Daytime Phone # (210)764-2053

Typed or printed name of signing Managing Member/Manager DOUG BELL