

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

09 MAY 27 PM 12:07

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # L03000006265**

1. Limited Liability Company's Name

**HIGHWAYMEN ARTISTS, LLC**

**500155989855**  
05/15/09--01004--004 \*\*698.75  
CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #  
**1308 NORTH 17TH STREET**

Suite, Apt. #, etc.

3. Mailing Office Address  
**P.O. BOX 4618**

Suite, Apt. #, etc.

City & State

**FORT PIERCE, FL**

City & State

**FORT PIERCE, FL**

Zip

**34950**

Country

**ST LUCIE**

Zip

**34954**

Country

**ST LUCIE**

4. State/Country of Formation

**FLORIDA/UNITED STATES**

5. Date Organized or Qualified

To Do Business in Florida **02/20/2003**

6. FEI Number

**56-2378441**

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

**DONNIE CLARK**

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

**1308 NORTH 17TH STREET**

Suite, Apt. #, Etc.

City

**FORT PIERCE**

State

**FL**

Zip Code

**34950**

☒ 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 **05/08/2009**

**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	ROBERT BUTLER	1400 GRASSLANDS BOULEVARD	LAKELAND FL 33803
MGRM	WILLIE C REAGAN	5686 41ST STREET	FORT PIERCE, FL 32967
MGRM	CURTIS ARNETT	2904 KINGLEY DRIVE	FORT PIERCE, FL 34946
MGRM	IVORY Y BAKER	2010 SOUTH 10TH STREET	FORT PIERCE, FL 34950
MGR	LEE A DRAKE	1308 NORTH 17TH STREET	FORT PIERCE, FL 34950

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 **05/08/2009**

Daytime Phone # **772-577-2840**

Typed or printed name of signing Managing Member/Manager **LEE A DRAKE, MGR**

**REINSTATEMENT** 2005-2009

MAY 20 2009