

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

09 JUL -7 AM 10: 53

SECRETARY OF STATE
TALLAHASSEE FLORIDA

700158229467
07/07/09--01064--013 **\$16.25

CR2E041 (10/08)

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L0300007101

1. Limited Liability Company's Name

DRYDEN MANAGEMENT OF MARIANNA, LLC

2. Principal Office Address - No P.O. Box #

3121 DRYDEN DRIVE

Suite, Apt. #, etc.

City & State

MARIANNA, FL

Zip

32446

Country

3. Mailing Office Address

3121 DRYDEN DRIVE

Suite, Apt. #, etc.

City & State

MARIANNA, FL

Zip

32446

Country

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

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

MCGINNESS, W. LEE

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

1800 SECOND STREET

Suite, Apt. #, Etc.

SUITE 971

City

SARASOTA

State

FL

Zip Code

34236

☐ 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

Date

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	DRYDEN, MATT C SR	3121 DRYDEN DRIVE	MARIANNA, FL 32446

REINSTATEMENT 07-09

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

Matt C Dryden

Date 7/1/09

Daytime Phone # 750-352-3300

Typed or printed name of signing Managing Member/Manager

MATT C DRYDEN