

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2005 AUG 22 PM 4:27

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # L03000009059

1. Limited Liability Company's Name

SLEEPY HOLLOW FLORIST L.L.C.

2. Principal Office Address

W.
3516 Navy Blvd.
Suite, Apt. #, etc.

3. Mailing Office Address

3516 W. Navy Blvd.
Suite, Apt. #, etc.

City & State

Pensacola FL

City & State

Pensacola, FL

Zip

32505

Country

Escambia

Zip

32505

Country

Escambia

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified
To Do Business in Florida

03/12/2003

6. FEI Number

03-053681

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

Virginia R. Miller

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

3516 Navy Blvd.

Suite, Apt. #, Etc.

City

Pensacola

State

FL

Zip Code

32505

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

Virginia Miller

REGISTERED AGENT MUST SIGN

Date

8/12/2005

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	Virginia Miller	3516 W. Navy Blvd.	Pensacola, FL
			32505

REINSTATEMENT 2004-05

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

Virginia Miller

Date

8/12/2005

Daytime Phone #

850-433-2800

Typed or printed name of signing Managing Member/Manager

Virginia Miller

CR2E041 (10/02)