

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2011 DEC 28 AM 11:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000020149

1. Limited Liability Company's Name

Booth Holdings, LLC

CR2E041 (1/11)

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

1310 Cross Creek Circle

Suite, Apt. #, etc.

A

City & State

Tallahassee, FL

Zip

32301

Country

3. Mailing Office Address

1310 Cross Creek Circle

Suite, Apt. #, etc.

A

City & State

Tallahassee, FL

Zip

32301

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

6/4/2003

6. FEI Number

02-8707031

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

Robert S. Williams

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

545 E. Tennessee Street

Suite, Apt. #, Etc.

200-B

City

Tallahassee

State

FL

Zip Code

32308

E-mail Address:

chancey@ipad.mgt.com
(To be used for future annual report notices)

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

Robert S. Williams

REGISTERED AGENT MUST SIGN

Date 12-28-2011

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 | Hurley H. Booth, Jr. | 1310 Cross Creek Circle, Ste A | Tallahassee, FL 32301 |
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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. I am aware that false information furnished in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

Robert S. Williams

Date

12/28/2011

Daytime Phone #

222-7934

Typed or printed name of signing Managing Member/Manager