

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2004 NOV 30 PM 1:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L030060 21630

1. Limited Liability Company's Name

AMICABLE SOLUTIONS, LLC

2. Principal Office Address

5037 FAIRCLOTH ST

Suite, Apt. #, etc.

City & State

PACE, FL

Zip

32571

Country

SANTA ROSA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

6. FEI Number

APPLIED FOR

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$500 Additional Fee required  
for a Certificate of Status

**8. Name and Address of Current Registered Agent**

Name

RICHARD BOYCE

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

5037 FAIRCLOTH ST.

Suite, Apt. #, Etc.

City

PACE

State

FL

Zip Code

32571

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]

REGISTERED AGENT MUST SIGN

Date 11/19/04

**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
<u>MEM</u>	<u>RICHARD BOYCE</u>	<u>5037 FAIRCLOTH</u>	<u>PACE, FL 32571</u>

**REINSTATEMENT 04**

800043067368  
11/30/04--01052--006 \*\*150.00

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 11/19/04

Daytime Phone # 850-995-0787

Typed or printed name of signing Managing Member/Manager

RICHARD BOYCE

CR2E041 (10/02)