

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 SEP 10 PM 2:02

DOCUMENT # L03000025540

1. Limited Liability Company's Name

Live Wire Capital, LLC

600135418956
09/05/08--01040--008 **693.75

CR2E041 (12/07)

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

505 Wekiva Springs Road

Suite, Apt. #, etc.

Suite 500

City & State

Longwood, Florida

Zip

32779

Country

3. Mailing Office Address

505 Wekiva Springs Road

Suite, Apt. #, etc.

Suite 500

City & State

Longwood, Florida

Zip

32779

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

6/15/2003

6. FEI Number

56-23-85221

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

J.A., Jurgens

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

505 Wekiva Springs Road

Suite, Apt. #, Etc.

Suite 500

City

Longwood

State

FL

Zip Code

32779

☐ 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 9/3/08

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	Brady A. Freeman	505 Wekiva Springs Road	Longwood, FL 32779
MGRM	Nathanael Selzer	505 Wekiva Springs Road	Longwood, FL 32779

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 8/20/08

Daytime Phone # 612-812-6088

Typed or printed name of signing Managing Member/Manager

Nate Selzer