

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 OCT 21 PM 1:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (10/08)

DOCUMENT # L03000029493

1. Limited Liability Company's Name

EB Properties, LLC

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

501 Commendencia St

Suite, Apt. #, etc.

City & State

Pensacola, FL

Zip

32502

Country

USA

3. Mailing Office Address

501 Commendencia St

Suite, Apt. #, etc.

City & State

Pensacola, FL

Zip

32502

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

8/8/03

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

C. Teresa Garrett, Esq.

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

1850 Lee Road

Suite, Apt. #, Etc.

Suite 330

City

Winter Park

State

FL

Zip Code

32789

☐ 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

C. Teresa Garrett

REGISTERED AGENT MUST SIGN

Date 10/16/08

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	Emily Bentley	2016 Bear Paw Ave	Panama City, FL 32404

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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.

Signature of
Managing Member/Manager

Emily Bentley

Date 10/16/08

Daytime Phone # 850-722-6494

Typed or printed name of signing Managing Member/Manager Emily Bentley