PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2012 JUN -3 AM 8:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041

DOCUMENT # L03000029558

1. Limited Liability Company's Name

S RUSSELL LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
6851 S TROPICAL TRL	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MERRITT ISLAND,	City & State: FL 32952
Zip: 32952 County: BREVARD	Zip: Country:

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida: 8/7/2003

6. FEI Number: 263553335 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 additional fee required for Certificate of Status

8. Name and Address of Current Registered Agent

Name: STEVEN D RUSSELL

Street Address (P.O. Box Number is Not Acceptable): 6851 S TROPICAL TRL

Suite, Apt. #, Etc.

City: MERRITT ISLAND State: FL Zip Code: 32952

E-mail Address:

000237105100
07/03/12--01013--023 **377.50

(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 605, F.S.

Signature of Registered Agent _____ Date _____
REGISTERED AGENT MUST SIGN

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	STEVEN D RUSSELL	6851 S TROPICAL TRL	M.I. FL 32952 MERRITT ISLAND

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 605.0108, 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 submitted 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 _____ Date 7-3-12 Daytime Phone # 3214803787

Typed or printed name of signing Managing Member/Manager _____

REINSTATEMENT

L03000029558

CAPITAL CONNECTION, INC.
417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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TALLAHASSEE, FLORIDA

SDRUSSELL LLC

REINSTATEMENT
2011-2012

FILED
2012 JUN -3 AM 8:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Signature

Requested by: SETH
Name

07/02/12
Date

Time

Walk-In ____ Will Pick Up ____

174 Ponder's Printing • Thomasville GA 8/00

____ Art of Inc. File____
____ LTD Partnership File____
____ Foreign Corp. File____
____ L.C. File____
____ Fictitious Name File____
____ Trade/Service Mark____
____ Merger File____
____ Art. of Amend. File____
____ RA Resignation____
____ Dissolution / Withdrawal____
✓ Annual Report / Reinstatement____
____ Cert. Copy____
____ Photo Copy____
____ Certificate of Good Standing____
____ Certificate of Status____
____ Certificate of Fictitious Name____
____ Corp Record Search____
____ Officer Search____
____ Fictitious Search____
____ Fictitious Owner Search____
____ Vehicle Search____
____ Driving Record____
____ UCC 1 or 3 File____
____ UCC 11 Search____
____ UCC 11 Retrieval____
____ Courier____

J. SAULSBERRY
EXAMINER
JUL 5 2012