

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

05 JUN 20 AM 11:25

DOCUMENT # L03000031931

1. Limited Liability Company's Name

ANASTASIA VENTURES, LLC

2. Principal Office Address

229 MARGARET ST

Suite, Apt. #, etc.

City & State

NEPTUNE BEACH, FL

Zip

32266

Country

USA

3. Mailing Office Address

229 MARGARET ST

Suite, Apt. #, etc.

City & State

NEPTUNE BEACH, FL

Zip

32266

Country

USA

4. State/Country of Formation

FLORIDA-- USA

5. Date Organized or Qualified
To Do Business in Florida

9.3.03

6. FEI Number

38-3687542

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

Jo McCrory

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

229 MARGARET ST

Suite, Apt. #, Etc.

City

NEPTUNE BEACH

State

FL

Zip Code

32266

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

Jo McCrory

REGISTERED AGENT MUST SIGN

Date 5.19.05

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
MNG	MICHAEL HARRIGAN	229 MARGARET ST	NEPTUNE BEACH, FL 32266
MNG	JEFFREY MCCRORY	229 MARGARET ST	NEPTUNE BEACH, FL 32266

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 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

Jeffrey McCrory

Date 5.19.05

Daytime Phone # 904.246.0101

Typed or printed name of signing Managing Member/Manager

JEFFREY MCCRORY

CR2E041 (10/02)