

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

06 OCT -2 AM 10:45

DOCUMENT # L03000035207

1. Limited Liability Company's Name

RACINE ASSOCIATES, LLC

2. Principal Office Address

8374 MARKET ST

Suite, Apt. #, etc.

402

City & State

BRADENTON, FL

Zip

34202

Country

USA

3. Mailing Office Address

320 FLAT ROCK PL.

Suite, Apt. #, etc.

City & State

MONTEREY, TN

Zip

38574

Country

USA

CR2E041 (8/05)

4. State/Country of Formation

FLORIDA/USA

5. Date Organized or Qualified
To Do Business in Florida

9-12-2003

6. FEI Number

20-0280870

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

WILLIAM T. CASPER

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

8374 MARKET ST.

Suite, Apt. #, Etc.

402

City

BRADENTON

State

FL

Zip Code

34202

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

William T. Casper
REGISTERED AGENT MUST SIGN

Date 9-28-06

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>WILLIAM T. CASPER</u>	<u>8374 MARKET ST, #402</u>	<u>BRADENTON, FL 34202</u>

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10/03/06--01055--006 **205.00

REINSTATEMENT 05-06

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

William T. Casper

Date 9-28-06

Daytime Phone # (941) 685-3229

Typed or printed name of signing Managing Member/Manager

WILLIAM T. CASPER