

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2009 DEC 29 PM 11:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

200164029822  
12/29/09--01031--005 \*\*377.50

CR2E041 (11/09)

**DOCUMENT #** L03000035584

1. Limited Liability Company's Name

SQUISHYWORKS, LLC

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

4729 WINDFLOWER CIR

Suite, Apt. #, etc.

City & State

TAMPA, FL

Zip

33624

Country

USA

3. Mailing Office Address

4729 WINDFLOWER CIR

Suite, Apt. #, etc.

City & State

TAMPA, FL

Zip

33624

Country

USA

4. State/Country of Formation

FLORIDA / USA

5. Date Organized or Qualified  
To Do Business in Florida

9/15/2003

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

CHRISTOPHER REIKONEN

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

4729 WINDFLOWER CIR

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33624

☐ 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

*Christopher Reikonen*  
REGISTERED AGENT MUST SIGN

Date 12/22/2009

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	CHRISTOPHER REIKONEN	4729 WINDFLOWER CIR	TAMPA, FL 33624

**REINSTATEMENT-08-09**

11. E-mail Address: criikonen@squishyworks.com

(To be used for future annual report notifications)

12. 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

*Christopher Reikonen*

Date 12/22/2009

Daytime Phone # 813.293.0411

Typed or printed name of signing Managing Member/Manager CHRISTOPHER REIKONEN