

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 MAR 27 AM 8:42

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000039194

1. Limited Liability Company's Name

FLORIDA IDEAL(USA), LLC

2. Principal Office Address

420 Montana Avenue

Suite, Apt. #, etc.

City & State

Davenport, FL

Zip

33897

Country

USA

3. Mailing Office Address

Same as office

Suite, Apt. #, etc.

City & State

Zip

Country

CR2E041 (8/05)

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

10/07/2003

6. FEI Number

16-1696947

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

Patricia A. Buckley

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

420 Montana Avenue

Suite, Apt. #, Etc.

City

Davenport

State

FL

Zip Code

33897

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04/10/06 01052 017 **255 00

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

S. J. Buckley

Date 02-19-06

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
MM	Patricia A. Buckley	420 Montana Avenue	Davenport, FL 33897
M	Stuart J. Buckley	420 Montana Avenue	Davenport, FL 33897

REINSTATEMENT 04-06

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

S. J. Buckley

Date 02-19-06 Daytime Phone # 1 800 892 0958

Typed or printed name of signing Managing Member/Manager

S. J. BUCKLEY