L03000040405

PLEASE READ THE INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2006 MAR 10 PM 1:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (8/05)

DOCUMENT # L03000040405

1. Limited Liability Company's Name
Bachelor, LLC

04

2. Principal Office Address	3. Mailing Office Address
2104 Delta Way	P.O. Box 15855
Suite, Apt. #, etc.: suite 2	Suite, Apt. #, etc.:
City & State: Talla, FL	City & State: Talla. FL.
Zip: 32303 Country:	Zip: 32317 Country:

4. State/Country of Formation: Florida / USA

5. Date Organized or Qualified To Do Business In Florida: October 6 2003

6. FEI Number: 55-0848221 ☐ 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: Paul J. Shovlain 900068100159
03/20/06--01018--006 **150.00

Street Address (P.O. Box Number is Not Acceptable): 2104 Delta Way, Suite 2

Suite, Apt. #, Etc.:

City: Tallahassee State: FL Zip Code: 32303

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: Paul J. Shovlain REGISTERED AGENT MUST SIGN Date 3/10/06

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
MGRM	Paul J. Shovlain	2104 Delta Way Suite 2	Tallahassee Florida 32303
		REINSTATEMENT 2004-2006	

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: Paul J. Shovlain Date 3/10/06 Daytime Phone # _____

Typed or printed name of signing Managing Member/Manager _____

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I did not receive a renewal card for Bachlor, LLC for 2004 or 2005.

A Perryman

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