

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAY -3 AM 10:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000044363

1. Limited Liability Company's Name

The Party Line Tent & Party, LLC

500179970945
05/03/10--01003--014 **1110.00

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box # <u>2498 Centerville Rd</u>		3. Mailing Office Address <u>2498 Centerville Rd</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>Tallahassee, FL</u>		City & State <u>Tallahassee, FL</u>	
Zip <u>32308</u>	Country <u>US</u>	Zip <u>32308</u>	Country <u>US</u>

4. State/Country of Formation <u>Florida / US</u>	
5. Date Organized or Qualified To Do Business in Florida <u>11/14/03</u>	
6. FEI Number <u>74-3108528</u>	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name <u>Bradley W. Richardson</u>			
Street Address (P.O. Box Number is Not Acceptable) <u>2498 Centerville Rd</u>			
Suite, Apt. #, Etc.			
City <u>Tallahassee</u>	State <u>FL</u>	Zip Code <u>32308</u>	

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 Bradley WR REGISTERED AGENT MUST SIGN Date 5/3/10

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
MG MGRM	<u>Bradley W Richardson</u>	<u>2498 Centerville Rd</u>	<u>Tallahassee, FL 32308</u>
	L. SELLERS		
	MAY - 3 2010		
	EXAMINER		
			REINSTATEMENT
			<u>07-2010</u>

11. E-mail Address: _____ (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 Bradley WR Date 5/3/10 Daytime Phone # 850-668-7368
Typed or printed name of signing Managing Member/Manager Bradley W. Richardson