

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 #

2498 Centerville Rd

Suite, Apt. #, etc.

3. Mailing Office Address

2498 Centerville Rd

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip

32308

Country

US

City & State

Tallahassee, FL

Zip

32308

Country

US

4. State/Country of Formation

Florida / US

5. Date Organized or Qualified
To Do Business in Florida

11/14/03

6. FEI Number

74-3108528

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

☒ 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.

8. Name and Address of Current Registered Agent

Name

Bradley W. Richardson

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

2498 Centerville Rd

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32308

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

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