

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10-1-04
250.00

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUN -8 AM 10: 50

DOCUMENT # L03000046025

1. Limited Liability Company's Name

Philip Knott LLC

700076252657
06/16/06--01016--001 **250.00

CR2E041 (8/05)

2. Principal Office Address

33236 Ryan Drive

Suite, Apt. #, etc.

Apt. 44

City & State

Leesburg, Florida

Zip

34788

Country

Lake

3. Mailing Office Address

33236 Ryan Drive

Suite, Apt. #, etc.

Apt. 44

City & State

Leesburg, Florida

Zip

34788

Country

Lake

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified
To Do Business in Florida

11/20/03

6. FEI Number

20-0411743

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

Philip Knott

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

33236 Ryan Drive

Suite, Apt. #, Etc.

Apt. 44

City

Leesburg

State

FL

Zip Code

34788

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

Philip Knott

REGISTERED AGENT MUST SIGN

Date 5/31/06

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
MGR	Philip Knott	33236 Ryan Drive	Leesburg, FL 34788

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

Philip Knott

Date

4/27/06

Daytime Phone #

(386) 878-3388

Typed or printed name of signing Managing Member/Manager

Philip Knott