

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE

2006 NOV -7 PM 5:22

DOCUMENT # L03000048699

1. Limited Liability Company's Name

OODLES FISHING, LLC

CR2E041 (8/05)

2. Principal Office Address

5205 SW 69TH STREET

Suite, Apt. #, etc.

City & State

PALM CITY, FL

Zip

34990

Country

USA

3. Mailing Office Address

P O BOX 1008

Suite, Apt. #, etc.

City & State

PALM CITY, FL

Zip

34991

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

12/01/2003

6. FEI Number

20-0470631

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

RUBY H. MILLER

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

5205 SW 69TH STREET

Suite, Apt. #, Etc.

City

PALM CITY

State

FL

Zip Code

34990

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

Ruby H. Miller

REGISTERED AGENT MUST SIGN

Date 10/28/06

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	RUBY H. MILLER	5205 SW 69TH STREET	PALM CITY, FL 34990

REINSTATEMENT

2006

DB

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11/05/05--01036--014 **50.00

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

Ruby H. Miller

Date

10/28/06

Daytime Phone #

772-464-7700

Typed or printed name of signing Managing Member/Manager RUBY H. MILLER



Dean, Mead, Minton & Zwemer

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October 31, 2006

Division of Corporations
Registration Section
P O Box 6327
Tallahassee, FL 32314

Re: Oodles Fishing, LLC / Document No. L03000048699

Dear Sir or Madam:

Enclosed is Limited Liability Company Reinstatement for the referenced Florida limited liability company, together with this firm's check in the amount of \$50.00 in payment of the filing fee. We respectfully ask that you waive the \$100.00 reinstatement fee, as the Managing Member died and the notice regarding the Annual Report was never received.

Thank you for your attention to this matter. If you need any additional information to process this reinstatement, please do not hesitate to contact me.

Very truly yours,

A handwritten signature in black ink, appearing to be 'BG' or similar initials, written over a horizontal line.

Brad Gould

BRG:klj
Enclosures

cc: Ruby H. Miller
Joel C. Zwemer, Esq.