

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**


FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2012 OCT -9 AM 8:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # L03000049499**

1. Limited Liability Company's Name

# Scott Simmons

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #

3428 Barteo Rd

3. Mailing Office Address

1094 Hyacinth Av

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

Sebring FL

City &amp; State

Sebring FL

Zip

33870

Country

Highlands

Zip

33875

Country

Highlands

4. State/Country of Formation

FLA.

5. Date Organized or Qualified  
To Do Business in Florida

12/5/03

6. FEI Number

412116960

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  
Scott Simmons

Street Address (P.O. Box Number is Not Acceptable)  
1094 Hyacinth Av

Suite, Apt. #, Etc.

City  
Sebring

State  
FL

Zip Code  
33875

E-mail Address:

500240629245  
10/09/12--01033--011 \*\*516.25

(To be used for future annual report notices)

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

Date 10-2-12

REGISTERED AGENT MUST SIGN

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	Scott Simmons	1094 Hyacinth Av	Sebring FL 33875

**REINSTATEMENT**  
2010-2012

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing  
Member/Manager

Date 10-2-12

Daytime Phone # 863-253-9814

OCT 10 2012

Typed or printed name of signing Managing Member/Manager