

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JUN 29 PM 12: 08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

DOCUMENT # L03000050041

1. Limited Liability Company's Name

RICHARD CALDWELL, LLC

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

113 GREENBROOK COURT

Suite, Apt. #, etc.

City & State

DAYTONA BEACH, FL 32114

Zip
32114

Country
US

3. Mailing Office Address

56 PINELAND LANE

Suite, Apt. #, etc.

City & State

PALM COAST, FL 32164

Zip
32164

Country
US

4. State/Country of Formation

FLORIDA / VOLUSIA

5. Date Organized or Qualified To Do Business in Florida

12/04/2003

6. FEI Number

20-0445641

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

RICHARD CALDWELL

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

56 PINELAND LANE

Suite, Apt. #, Etc.

City

PALM COAST, FL 32164

State

FL

Zip Code

32164

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

Richard Caldwell

REGISTERED AGENT MUST SIGN

Date 6/21/07

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	RICHARD CALDWELL	56 PINELAND LANE	PALM COAST, FL 32164

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07/12/07--01052--008 **150.00

REINSTATEMENT

05, 07

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

Richard Caldwell

Date 6/21/07

Daytime Phone # 386/627-3529

Typed or printed name of signing Managing Member/Manager

RICHARD CALDWELL