

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

08 JUN 12 PM 1:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 104000000905**

1. Limited Liability Company's Name

Fredrick H. Batton L. L. C.

500130684865  
06/03/08--01023--010 \*\*516.25  
CR2E041 (12/07)

|  |                     |  |                     |
|--|---------------------|--|---------------------|
| 2. Principal Office Address - No P.O. Box #<br>632 Alton Road<br>Suite, Apt. #, etc. |                     | 3. Mailing Office Address<br>632 Alton Road<br>Suite, Apt. #, etc. |                     |
| City & State<br>Winter Springs, Florida  |                     | City & State<br>Winter Springs, Florida                            |                     |
| Zip<br>32708   | Country<br>Seminole | Zip<br>32708   | Country<br>Seminole |

|  |   |
|--|---|
| 4. State/Country of Formation<br>Florida, U. S. A.   |   |
| 5. Date Organized or Qualified To Do Business in Florida<br>05/23/08   |   |
| 6. FEI Number<br>80-0091621  | <input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |
| 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status |   |

8. Name and Address of Current Registered Agent

Name  
Fredrick H. Batton

Street Address (P.O. Box Number is Not Acceptable)  
632 Alton Road  
Suite, Apt. #, Etc.

City  
Winter Springs

State  
FL

Zip Code  
32708

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 *Fredrick H. Batton* Date 05/23/08

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<br>Owner | Fredrick H. Batton                | 632 Alton Road                                 | Winter Springs, Florida |
|              |                                   |  |                         |
|              |                                   |  |                         |
|              |                                   |  |                         |
|              |                                   |  |                         |
|              |                                   |  |                         |

REINSTATEMENT 2006-2008

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 *Fredrick H. Batton* Date 05/23/08 Daytime Phone # 407.808.2166

Typed or printed name of signing Managing Member/Manager Fredrick H. Batton