

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

12 DEC 28 AM 9:20

SECRETARY OF STATE
TALLAHASSEE FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 204600601507

1. Limited Liability Company's Name

A.W.B. LLC

KS

REINSTATEMENT

CR2E041 (1/11) 2012

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

9844 Renai Dr

3. Mailing Office Address

6131 TRAILWOOD CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TALLAHASSEE FLA

City & State

TALLAHASSEE FLA

Zip 32311

Country

LEON

Zip 32311

Country

LEON

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

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

Alford Bennett

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

6131 TRAILWOOD CT

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32311

E-mail Address:

400243110904
12/28/12--01006--003 **238.75

(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

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
<u>MGRM</u>	<u>Alford Bennett</u>	<u>9844 Renai Dr</u>	<u>Tallahassee FL</u>

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

Alford Bennett

Date

Dec 28, 2012

Daytime Phone #

850 545-5464

Typed or printed name of signing Managing Member/Manager