

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

9-16-05
150.00

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 MAR -9 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # LO4000006516

1. Limited Liability Company's Name

EV Screens, LLC

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

10960 Beach Blvd.

Suite, Apt. #, etc.

Ste 4#

City & State

Jacksonville FL

Zip

32246

Country

Duval

3. Mailing Office Address

2733 Hirsch Ave

Suite Apt # etc

City & State

Jacksonville FL

Zip

32216

Country

Duval

CR2E041 (1-07)

4. State Country of Formation

Florida / Duval

5. Date Organized or Qualified
To Do Business in Florida

01/23/2004

6. FE 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

Eric Whitaker

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

2733 Hirsch Ave

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32216

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

2/26/07

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
<u>MEM</u>	<u>Eric Whitaker</u>	<u>2733 Hirsch Ave</u>	<u>Jax FL 32216</u>
			<u>700092642877</u>
			<u>03/14/07--01045--013 **150.00</u>

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

[Signature]

Date

2/26/07 Daytime Phone (404) 921-8411

Typed or printed name of signing Managing Member/Manager

Eric Whitaker