

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

08 JUL -8 AM 8:57

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **L04000012736**

1. Limited Liability Company's Name

Higdon, Jacobs, & Pacheco, LLC

CR2E041 (12/07)

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

104 Cypress Point E

Suite, Apt. #, etc.

3. Mailing Office Address

104 Cypress Point E

Suite, Apt. #, etc.

City & State

Pensacola, Florida

City & State

Pensacola, Florida

Zip

32514

Country

USA

Zip

32514

Country

USA

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

2/17/2004

6. FEI Number

20-0777846

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

Charles R Higdon IV

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

104 Cypress Point E

Suite, Apt. #, Etc.

City

Pensacola

State

FL

Zip Code

32514

☒ 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

Charles R Higdon IV

REGISTERED AGENT MUST SIGN

Date

7/1/2008

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
PD	C.R. Higdon IV	104 Cypress Point E	Pensacola, FL 32514
			200132654812
			07/10/08--01029--011 **177.50
			REINSTATEMENT 07.08
			06/19/08--01009--022 **100.00

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

Charles R Higdon IV

Date

7/1/2008

Daytime Phone #

850-982-9800

Typed or printed name of signing Managing Member/Manager

Charles R Higdon IV