

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

05 SEP 30 PM 12:19
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (8/05)

DOCUMENT # L04000013911

1. Limited Liability Company's Name

CORPORATE GUYS, LLC

2. Principal Office Address

5515 Overseas Hwy

Suite, Apt. #, etc.

City & State

Key West, FL

Zip

33040

Country

US

3. Mailing Office Address

5515 Overseas Hwy

Suite, Apt. #, etc.

City & State

Key West, FL

Zip

33040

Country

US

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

2/20/2004

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

Joe D. Wells, Jr.

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

45 Cypress Avenue

Suite, Apt. #, Etc.

Key West, FL 33040

City

Key West

State

FL

Zip Code

33040

10/11/05--01068--002 ***30.00

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

REGISTERED AGENT MUST SIGN

Date

09/29/05

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
mgrm	JOE D. WELLS, JR.	45 CYPRESS AVE.	Key West, FL 33040

REINSTATEMENT 2005

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

Date

9/29/05

Daytime Phone #

305 2927817

Typed or printed name of signing Managing Member/Manager