


L04000015353

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L04000015353**

1. Limited Liability Company's Name

Dixie Thompson Wholesale, LLC

2. Principal Office Address

67 Dixie Place

Suite, Apt. #, etc.

City & State

Greenville, FL

Zip
32331

Country
USA

3. Mailing Office Address

67 Dixie Place

Suite, Apt. #, etc.

City & State

Greenville, FL

Zip
32331

Country
USA

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified
To Do Business in Florida

Feb. 26, 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

Tim Thompson

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

67 Dixie Place

Suite, Apt. #, Etc.

City

Greenville, FL

State

FL

Zip Code

32331

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

10/19/05

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
MGR	Dixie Thompson	67 Dixie Place	Greenville, FL 32331
MGM	Tim Thompson	67 Dixie Place	Greenville, FL 32331

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

10/19/05

Daytime Phone #

850

Typed or printed name of signing Managing Member/Manager **Tim Thompson**

FILED
05 OCT 21 PM 1:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (8/05)

REINSTATEMENT

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10/25/05--01059--006 **150.00

BK