

FILED

13 JUL 17 PH 2:34
SECRETARY OF STATE
TALLAHASSEE FLORIDA

100249879181
07/17/13--01011--025 **516.25

CR2E041 (1/11)

3. Mailing Office Address

4. State/Country of Formation

Suite, Apt #, etc.

City & State

| | |
|-----|---------|
| Zip | Country |
|-----|---------|

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 Sammy McGough

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

124 Duncan dr.

Suite, Apt. #, Etc.

City Crawfordville

| | |
|-------|----------|
| State | Zip Code |
| FL | 32327 |

E-mail Address:

SS M^cGough@Live.com

(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**

Sammy McHenry

Date 7-17-13

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 |
|--------|------------------------------------|-------------------------------------------------|-------------------------|
| MGRM | Sammy Mc Gough | 124 Duncan dr | Crawfordville Fl. 32327 |

REINSTATEMENT

2011-13

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., 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** _____

Sammy McLaughlin

Date 7-17-13

Daytime Phone # 850-567-2897

Typed or printed name of signing Managing Member/Manager