PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 APR 24 AM 9: 40

DOCUMENT # L04000018418

1. Limited Liability Company's Name

Ron Gilmore LLC.

300074662353
05/16/06--01023--027 **250.00

CR2E041 (8/05)

2. Principal Office Address

215 N. New Warrington
Suite, Apt. #, etc.

3. Mailing Office Address

215 N. New Warrington Rd.
Suite, Apt. #, etc.

4. State/Country of Formation
~~Escambia~~ Florida

5. Date Organized or Qualified To Do Business in Florida 3-9-04

City & State

Pensacola FL.

City & State

Pensacola FL.

6. FEI Number   264-45-3012

☐ Applied For
☐ Not Applicable

Zip 32506	Country US	Zip 32506	Country US

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name   Shirley Gilmore

Street Address (P.O. Box Number is Not Acceptable)
215 N New Warrington Rd

Suite, Apt. #, Etc.

City Pensacola	State FL	Zip Code 32506

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 1-19-06

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	SHIRLEY L Gilmore	215 N Warrington Rd	Pen, Fl 32506
PRES	Ronald T Gilmore SR	215 N Warrington Rd	Pen Fl 32506
VPres	Ronald T Gilmore Sr	215 N Warrington Rd	Pen Fl 32506
		REINSTATEMENT	
			05-06

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 1-09-06   Daytime Phone # 850 494 7815

Typed or printed name of signing Managing Member/Manager   SHIRLEY Gilmore