

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 DEC 19 AM 10:54

**DOCUMENT # L04000028396**

1. Limited Liability Company's Name

CONIFER LLC

2. Principal Office Address

2900 W. AIRPORT BLVD.

Suite, Apt. #, etc.

121

City & State

SANFORD FL.

Zip

32771

Country

SEMINOLE

3. Mailing Office Address

121 AMPLE CT.

Suite, Apt. #, etc.

City & State

SANFORD FL.

Zip

32771

Country

SEMINOLE

4. State/Country of Formation

5. Date Organized or Qualified  
To Do Business in Florida

4/14/04

6. FEI Number

20-0997860

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

Gregory McDaniel

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

535 Valencia St.

Suite, Apt. #, Etc.

City

Sanford

State

FL

Zip Code

32771

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

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	Gregory McDaniel	535 Valencia St.	Sanford, FL 32771

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

12/11/06

Daytime Phone #

407/687-8881

Typed or printed name of signing Managing Member/Manager