

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 SEP 14 PM 12:03

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000028859

1. Limited Liability Company's Name

Lucky Linesiders, LLC

2. Principal Office Address

99 Nesbit Street

Suite, Apt. #, etc.

City & State

Punta Gorda

Zip
FL

Country
USA

3. Mailing Office Address

99 Nesbit Street

Suite, Apt. #, etc.

City & State

Punta Gorda

Zip
FL

Country
USA

CR2E041 (8/05)

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified
To Do Business in Florida

04/14/2004

6. FEI Number

20-1008069

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

ROGER H. MILLER III

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

99 NESBIT STREET

Suite, Apt. #, Etc.

City

PUNTA GORDA

State
FL

Zip Code
33950

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

Date 09/13/06

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
M	ROBERT H. SIFRIT	29221 MARIS DRIVE	PUNTA GORDA, FL 33982
M	ROBERT C. SIFRIT	19031 MCGRATH CIRCLE	PORT CHARLOTTE, FL 33948
			500080040086 09/21/06--01055--011 **200.00
			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 09/13/06

Daytime Phone # (941) 637-6116

Typed or printed name of signing Managing Member/Manager ROBERT H. SIFRIT