

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L04000029075

1. Limited Liability Company's Name

SHORTBOYS LLC

2. Principal Office Address

5447 Pedrick Plantation Circle

3. Mailing Office Address

5447 Pedrick Plantation Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Tallahassee, FL

Zip

32317

Country

USA

Zip

32317

Country

USA

4. State/Country of Formation

FL, USA

5. Date Organized or Qualified  
To Do Business in Florida

04/15/2004

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**

MICHAEL W. MONEY

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

5447 PEDRICK PLANTATION CIRCLE

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32317

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

/s/ MICHAEL W. MONEY

Date 07

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
MGMR	Michael W. Money	5447 Pedrick Plantation Circle	Tallahassee, FL 32317
<del>MEMR</del>	<del>Bradley L. Woods</del>	<del>1606 Sydney Lane</del>	<del>Lynn Haven, FL 32444</del>
<b>REINSTATEMENT 2005-2006</b>			

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 2-17-06

Daytime Phone #

850-585-6440

Typed or printed name of signing Managing Member/Manager