

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

08 SEP 29 PM 1:57

DOCUMENT # L04000030708

1. Limited Liability Company's Name

James Kevin Workman, LLC

W08-43921

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box # 175 Sunrise Circle Suite, Apt. #, etc.		3. Mailing Office Address 175 Sunrise Circle Suite, Apt. #, etc.	
City & State Santa Rosa Beach, FL		City & State Santa Rosa Beach, FL 32459	
Zip 32459	Country USA	Zip 32459	Country USA

4. State/Country of Formation Florida/USA	
5. Date Organized or Qualified To Do Business in Florida 04/22/2004	
6. FEI Number 20-1027823	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name James Kevin Workman			
Street Address (P.O. Box Number is Not Acceptable) 175 Sunrise Circle			
Suite, Apt. #, Etc.			
City Santa Rosa Beach	State FL	Zip Code 32459	

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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 9-10-08

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	James Kevin Workman	175 Sunrise Circle	Santa Rosa Beach, FL 32459
			500135875015 10/01/08--01043--003 **177.50
			500135875015 09/16/08--01003--014 **238.75

REINSTATEMENT 06-08

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 9-10-08 Daytime Phone # 850-217-7456

Typed or printed name of signing Managing Member/Manager James Kevin Workman

\$ 416.25