

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

UNITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # LO4000037324

1. Limited Liability Company's Name

Start to Finish LLC

2053 Sweet St
Navarre FL 32566

2. Principal Office Address - No P.O. Box #

2053 Sweet St

Suite, Apt. #, etc.

3. Mailing Office Address

2053 Sweet St

Suite, Apt. #, etc.

City & State

Navarre FL

Zip

32566

8. Name and Address of Current Registered Agent

Name

Kenneth Hawkes

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

2053 Sweet St

Suite, Apt. #, Etc.

100

City

Navarre

State
FL

Zip Code
32566

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

Kenneth Hawkes

Date 3/23/10

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
?	Kenneth Hawkes	2053 Sweet St	Navarre FL 32566
REINSTATEMENT			S. HAWKES MAR 26 2010 EXAMINER
2007 - 2010			

11. E-mail Address:

(To be used for future annual report notifications)

12. 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

Kenneth Hawkes

Date 3/23/10

Daytime Phone # 850-281-6686

Typed or printed name of signing Managing Member/Manager

FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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