## 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

REINSTATEMENT						ECRETARY O SION OF COR			
DOCUMENT # L04000043343						SION OF COR	IF STAT. PORATI	ົບກຸດ ເ	
<ol> <li>Entity Name</li> <li>JOHNNY</li> </ol>	MOORE LLC		05	OCT 20 AF	***	n42			
<b>(</b>						TO AF	1 10: 55		
Principal Plac	e of Business	Mailing Address			1				
319 FLORIDA		319 FLORIDA ST							
NICEVILLE, F	L 32378	NICEVILLE, FL 32578			of comments		'i <b>d</b> ain kiraa :	1711 61864 81	**1 **1 *****
2. Principal Place of Business 3. Mailing Address					W-				
Suita Apt	# oto	Suite, Apt. #, etc.				t Briti Bibti Bbili Abili Abili	861   8 869 [1	89 IIIII BIBBB (II	
Suite, Apt. #, etc.					10132005	REIN-LLC	CR2E	101 (6/04)	
City & State		City & State			4. FEI Numb	er		<del></del>	plied For t Applicable
Zip	Country	Zip Cour		ntry	5. Certificate of S			\$5.00 Add	itional
<del></del>	6. Name and Address of Current I	Registered Agent			7. Name and	Address of New F		Fee Required Igent	
FISCHER.	SHERIE	Name							
1524 W PONDEROSA RD FWB, FL 32547				Street Address (P.O. Box Number is Not Acceptable)					
FWD, FL .	32347								
				City			FL	Zip Code	9
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.									
SIGNATURE									
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
FILE NOW!!! FEE IS \$150.00 Make check payable to									
After Janu	ary 1, 2006, Fee will be \$200.00					Florida	a Departm	ent of State	
9.	MANAGING MEMBE	RS/MANAGERS  Delete	10.			ADDITIONS	/CHANGES	☐ Change	Addition
NAME	MOORE, JOHNNY	C. Delete	NAA					C Change	Addition
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STREET ADDRESS			STRI	ET ADDRESS					
11. Thereby	certify that the information supplied with	this filing does not qualify for	the exe	-ST-ZIP mption stated in Se	ection 119.07(3)	(i), Florida Statutes	I further cert	ify that the in	formation
11. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.									
SIGNATURE: (0-17:05 585.297)									
SIGNATURE SIGNATURE OF SIGNING MARIE OF SIGNING MARIE OF SIGNING MARIE OF SIGNING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Dayline Phone #									