


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 10 APR 19 PM 2:42																												
DOCUMENT # 1. Limited Liability Company's Name <u>Outfitter's Mapping, LLC</u>			REINSTATEMENT <u>2008-10 LCH</u> 500176011005 04/15/10--01040--006 **521.25 CR2E041 (11/09)																												
2. Principal Office Address - No P.O. Box # <u>1167 Ardmore St.</u>		3. Mailing Office Address <u>1167 Ardmore St</u>																													
Suite, Apt. #, etc.		Suite, Apt. #, etc.																													
City & State <u>St. Augustine, FL</u>		City & State <u>St. Augustine, FL</u>																													
Zip <u>32092</u>	Country <u>US</u>	Zip <u>32092</u>	Country <u>US</u>																												
4. State/Country of Formation <u>Florida / US</u>			5. Date Organized or Qualified To Do Business in Florida <u>June 16, 2004</u> 6. FEI Number <u>73-1707834</u> <table border="1" style="width: 100%;"><tr><td>Applied For</td></tr><tr><td>Not Applicable</td></tr></table>	Applied For	Not Applicable																										
Applied For																															
Not Applicable																															
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status																															
8. Name and Address of Current Registered Agent Name <u>Michael Madigan</u> Street Address (P.O. Box Number is Not Acceptable) <u>1167 Ardmore St.</u> Suite, Apt. #, Etc. City <u>St. Augustine</u> State <u>FL</u> Zip Code <u>32092</u>																															
<input type="checkbox"/> 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 <u>[Signature]</u> Date <u>4-9-2010</u> REGISTERED AGENT MUST SIGN																															
10. Names and Street Addresses of Managing Members/Managers <table border="1" style="width: 100%;"><thead><tr><th>Titles</th><th>Name of Managing Members/Managers</th><th>Street Address of Each Managing Member/Manager</th><th>City / State / Zip</th></tr></thead><tbody><tr><td>MGR</td><td>Michael Madigan</td><td>1167 Ardmore St.</td><td>St. Augustine, FL, 32092</td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>				Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip	MGR	Michael Madigan	1167 Ardmore St.	St. Augustine, FL, 32092																				
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MGR	Michael Madigan	1167 Ardmore St.	St. Augustine, FL, 32092																												
11. E-mail Address: <u>madigan02@comcast.net</u> (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 <u>[Signature]</u> Date <u>4-9-2010</u> Daytime Phone # <u>904-687-9496</u> Typed or printed name of signing Managing Member/Manager _____																															