FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2012 NOV 14 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000045487

1 Limited Liability Company's Name
On the Hook, LLC

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2919 Long Branch Road	2919 Long Branch Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Spencer, TN	City & State: Spencer, TN
Zip: 38585 Country: USA	Zip: 38585 Country: USA

4 State/Country of Formation: Florida/USA

5. Date Organized or Qualified To Do Business in Florida: June 16, 2004

6. FEI Number: 81-0651572 ☐ 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:

Name: Christopher M. Fear

Street Address (P.O. Box Number is Not Acceptable): One Lake Morton Drive

Suite, Apt. #, Etc.:

City: Lakeland State: FL Zip Code: 33802

E-mail Address:

900241769289
11/14/12--01001--017 **402.50

chris.fear@gray-robinson.com

(To be used for future annual report notices)

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 11/12/12

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
Mgr	Jo Ann Collier	2919 Long Branch Road	Spencer, TN 38585

REINSTATEMENT 11-12
CR 11-15-12

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; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of Managing Member/Manager Jo Ann Collier Date 11/9/2012 Daytime Phone # (423) 881-5129

Typed or printed name of signing Managing Member/Manager: Jo Ann Collier