

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L 04000047055

1. Limited Liability Company's Name

Tabatha Bryant LLC

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

2144 Copley Drive

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 10142

Suite, Apt. #, etc.

City & State

Pensacola

City & State

Pensacola FL

Zip

32503

Country

USA

Zip

32524-0142

Country

USA

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified
To Do Business in Florida

06/22/2004

6. FEI Number

54-2153981

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
Tabatha C. Bryant

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

2144 Copley Drive

Suite, Apt. #, Etc.

City
Pensacola

State

FL

Zip Code

32503

☒ 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

TC Bryant

REGISTERED AGENT MUST SIGN

Date 12/28/09

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	Tabatha Bryant	2144 Copley Drive	Pensacola FL 32503

REINSTATEMENT 2009

JB

11. E-mail Address: bryanttabatha@gmail.com

(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

TC Bryant

Date 12/28/09

Daytime Phone # (850) 232-3011

Typed or printed name of signing Managing Member/Manager Tabatha C. Bryant, mgrm