

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>104000048269</u>			
1. Limited Liability Company's Name <u>O'Sole Mid, LLC</u>			
2. Principal Office Address - No P.O. Box # <u>5 SW Osceola St</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>5 SW Osceola St</u> Suite, Apt. #, etc.	
City & State <u>Stuart FL</u>		City & State <u>Stuart FL</u>	
Zip <u>34994</u>	Country <u>USA</u>	Zip <u>34994</u> Country <u>USA</u>	
8. Name and Address of Current Registered Agent Name <u>Caroline Doyle</u> Street Address (P.O. Box Number is Not Acceptable) <u>5 SW Osceola St</u> Suite, Apt. #, Etc.			
City <u>Stuart</u> State <u>FL</u> Zip Code <u>34994</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. 400166850554 03/23/10-01006-014 **63.75	
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>Caroline Doyle</u> Date <u>1/18/10</u> REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Managing Members/Managers			
Titles <u>MS</u> <u>UGRM</u>	Name of Managing Members/Managers <u>Caroline Doyle</u> <u>L. SELLERS</u>	Street Address of Each Managing Member/Manager <u>1980 SW Woodside Way</u>	City / State / Zip <u>Palm City FL</u> <u>34990</u>
11. E-mail Address: <u>CDAYLE@ACROSS4055.NET</u> <small>(To be used for future annual report notifications)</small>			
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>Caroline Doyle</u>		Date <u>1/18/10</u>	Daytime Phone # <u>772 332 6425</u>
Typed or printed name of signing Managing Member/Manager			

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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02/18/10-01044-003 **38.75
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01/21/10-01041-008 **338.75
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