

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 FEB 12 AM 10:53

9-16-05
250.00

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # LOY000061260

1. Corporation Name

The newton company of florida llc

2. Principal Office Address

12 Chicago avenue

Suite, Apt. #, etc.

3. Mailing Office Address

4 Pryor RD

Suite, Apt. #, etc.

City & State

ft walton beach fl

Zip

Country

32541 US

City & State

ft walton beach fl

Zip

Country

32541 US

CR2E081 (12/05)

**4. Date Incorporated or Qualified
To Do Business in Florida**

8-18-2001

5. FEI Number

20-1509909

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

James newton

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

4 Pryor RD

Suite, Apt. #, Etc.

City

ft walton beach fl 32541

State

FL

Zip Code

32541

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

Date

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
member	JAMES newton	4 Pryor RD SE	ft walton beach fl 32541
member	Jonathan Rieinger	816 TAMMIE RD LOT 10A FWS FL 32541	ft walton beach fl 32541

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/07

(850) 496-

Daytime Phone #

2828