

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 SEP 21 AM 10:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000075529

1. Limited Liability Company's Name

900080025959

09/21/06--01013--002 **130.00

CR2E041 (8/05)

KENTON ELLIOTT FARIS LLC

2. Principal Office Address

7 BRIAR TRAIL

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

CRAWFORDVILLE FL.

City & State

Zip

32327

Country

USA

Zip

Country

4. State/Country of Formation

FL. USA

5. Date Organized or Qualified
To Do Business in Florida

10-19-04

6. FEI Number

56-2481916

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

KENTON ELLIOTT FARIS

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

7 BRIAR TRAIL

Suite, Apt. #, Etc.

City

CRAWFORDVILLE, FL.

State

FL

Zip Code

32327

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

Kenton Faris

Date 9-21-06

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
<u>MEM</u>	<u>KENTON E. FARIS</u>	<u>7 BRIAR TRAIL</u>	<u>CRAWFORDVILLE FL. 32327</u>
<u>MEM</u>	<u>TERRY KENTON FARIS</u>	<u>7 BRIAR TRAIL</u>	<u>CRAWFORDVILLE FL. 32327</u>
<u>MEM</u>	<u>NATHANIEL B. HARRIS</u>	<u>228 WAKULLA AARON RD.</u>	<u>CRAWFORDVILLE FL. 32327</u>

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.

Signature of
Managing Member/Manager

Kenton Faris

Date 9-21-06

Daytime Phone # 778-6650

Typed or printed name of signing Managing Member/Manager

I Kenton Faris did not receive the annual
report for 2005

Kenton Faris

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA