

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 SEP -6 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400211804314
09/06/11--01025--010 **427.50

CR2E041 (1/11)

DOCUMENT # L04000075953

1. Limited Liability Company's Name

Wayne Hicks, LLC

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

2560 Carthage Lane

Suite, Apt. #, etc.

City & State

Tallahassee, Florida

Zip

32312

Country

USA

3. Mailing Office Address

2560 Carthage Lane

Suite, Apt. #, etc.

City & State

Tallahassee, Florida

Zip

32312

Country

USA

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified
To Do Business in Florida

October 20, 2004

6. FEI Number

562416016

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 **Wayne Hicks**

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

2560 Carthage Lane

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32312

E-mail Address:

waynehicks@embarqmail.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

[Signature]

Date

9-6-2011

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
MGMR	Wayne Hicks	2560 Carthage Lane	Tallahassee, Fl. 32312

REINSTATEMENT

10-11

[Signature]

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

[Signature]

Date

9/6/2011

Daytime Phone #

850-906-0006

Typed or printed name of signing Managing Member/Manager