

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2010 JAN -5 PM 12:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

LA40000018088

1. Limited Liability Company's Name

Dockknocker, LLC

CR2E041 (10/08)

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

420 Columbia Drive

Suite, Apt. #, etc.

Suite 110

City & State

West Palm Beach, FL

Zip

33409

Country

3. Mailing Office Address

432 Brazilian Ave

Suite, Apt. #, etc.

City & State

Palm Beach, FL

Zip

33480

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

10/27/04

6. FEI Number

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

CHARLES Roddy

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

~~432 BRAZILIAN AVE~~ 420 Columbia Drive

Suite, Apt. #, Etc.

Suite 110

City

West Palm Beach

State

FL

Zip Code

33409

☐ 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

Charles G Roddy

REGISTERED AGENT MUST SIGN

Date

1-3-10

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
Mgmn	Charles Roddy	432 Brazilian Ave 420 Columbia Dr.	Palm Beach, FL 33480 West Palm Beach
		Suite 110	33409
			800122577458
			11/06/09--01045--014 **516.25

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

Charles T Roddy

Date

07-09

Daytime Phone #

828-545 3230

Typed or printed name of signing Managing Member/Manager

Charles T Roddy