

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 APR 30 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000082781

1. Limited Liability Company's Name

LOGGERHEADS LLC

CR2E041 (1/07)

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

777 EAST ATLANTIC AVE. 4579 LACLEDE AVE

Suite, Apt. #, etc.

330

3. Mailing Office Address

Suite, Apt. #, etc.

228

City & State

DELRAY BEACH, FL

City & State

ST. LOUIS, MO

Zip

33483

Country

USA

Zip

63108

Country

USA

4. State/Country of Formation

FL / USA

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

201865902

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

ROBERT B. BARDONE

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

777 EAST ATLANTIC AVE.

Suite, Apt. #, Etc.

330

City

DELRAY BEACH

State

FL

Zip Code

33483

☐ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date 4-18-07

[Signature]

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
MBR MGR	ROBERT B. BARDONE	777 EAST ATLANTIC AVE # 330	DELRAY BEACH, FL 33483
MBR MGR	CATULEEN P. BARDONE	[SAME]	[SAME]

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05/03/07--01006--010 **155.00

REINSTATEMENT 2007

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

[Signature]

Date

4-18-07

Daytime Phone #

314-581-0100

Typed or printed name of signing Managing Member/Manager

ROBERT B. BARDONE