

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 MAR -3 AM 10:46

DOCUMENT # L0400 0084082

1. Limited Liability Company's Name

Eddies, LLC

300068100943

03/20/06--01019--019 **205.00

CR2E041 (8/05)

2. Principal Office Address

3977 Distant Moon Ct.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32210

Country

USA

3. Mailing Office Address

3977 Distant Moon Ct.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32210

Country

USA

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

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

Heriberto Avalos

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

3977 Distant Moon Ct.

Suite, Apt. #, Etc.

City

Jacksonville, FL

State

FL

Zip Code

32210

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 2-24-06

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
MAR	Heriberto Avalos	3977 Distant Moon Ct.	Jacksonville, FL 32210

REINSTATEMENT 05-06

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]
Heriberto Avalos

Date 2-24-06

Daytime Phone (904) 588-4563

Typed or printed name of signing Managing Member/Manager