PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENTOF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000087149

1. Limited Liability Company's Name

LMS, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
609 Shearwood Drive	Same as Principal
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Flagler Beach, FL	City & State:
Zip: 32136 Country: US	Zip: Country:

CR2E041 (1/14)

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business In Florida: Dec. 2, 2004

6. FEI Number: 20-2024550 ☐ 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: Jane Smith

Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, Etc.: 609 Shearwood Drive

City: Flagler Beach State: FL Zip Code: 32136

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9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: Jane D. Smith — REGISTERED AGENT MUST SIGN — Date: 7/15/2019

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGRM	Jane Smith	609 Shearwood Drive	Flagler Beach, FL 32136

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11. E-mail Address: jane@cardinalsystems.net
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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 authorized representative/member: Jane D. Smith Date: 7/15/2019 Daytime Phone #:

Typed or printed name of signing authorized representative/member: Jane Smith

Pg. 2 of 2

CORPORATE ACCESS, INC.

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P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: 7 Glinda

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

☐ **CERTIFIED COPY**

XX **PHOTOCOPY**

CUS

XX **FILING** Reinstatement

1. **LMS Clearfield, llc**
(CORPORATE NAME AND DOCUMENT #)

2. (CORPORATE NAME AND DOCUMENT #)

3. (CORPORATE NAME AND DOCUMENT #)

4. (CORPORATE NAME AND DOCUMENT #) File 2nd

5. (CORPORATE NAME AND DOCUMENT #) File Simultaneous

6. (CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

2019 JUL 16 PM 3:39

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