PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENTOF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
17 NOV 22 AM 9:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000087613

1 Limited Liability Company's Name
CHANGES IN LATITUDES, LLC

2. Principal Office Address - No P O Box #		3. Mailing Office Address	
5984 CLAYBOURNE DR.		5984 CLAYBOURNE DR.	
Suite, Apt #, etc		Suite Apt #, etc	
City & State		City & State	
BARGERSVILLE, INDIANA		BARGERSVILLE, INDIANA	
Zip	Country	Zip	Country
46106	USA	46106	USA

CR2E041 (1/14)

4 State/Country of Formation
FLORIDA

5 Date Organized or Qualified To Do Business in Florida 12/03/2004

6 FEI Number
20-1967890
☐ 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
MICHAEL R. GIBBONS

Street Address (P O Box Number is Not Acceptable) Suite
215 NORTH EOLA DRIVE

Apt #, Etc

City	State	Zip Code
ORLANDO	FL	32801

11/27/17--01001--003 **1265.00

700306006787
11/27/17--01001--003 **1265.00

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 _____ Date NOVEMBER 22, 2017

REGISTERED AGENT MUST SIGN Michael R. Gibbons

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
MGR	TIMOTHY J. WATKINS	5984 CLAYBOURNE DR.	BARGERSVILLE, IN. 46106
MGR	CHARLES P. SCHAEFER	6518 LANA COURT EAST	NEW PALESTINE, IN. 46163

11 E-mail Address _____
(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 _____ Date 11/22/2017 Daytime Phone # 407-843-4600

Typed or printed name of signing authorized representative/member MICHAEL R. GIBBONS, AUTHORIZED REPRESENTATIVE