

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000091550

1. Limited Liability Company's Name

Lawgistic LLC

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

445 Grande Blvd.

Suite, Apt. #, etc.

206

City & State

MIRAMAR BEACH, FL

Zip

32550

Country

U.S.A.

3. Mailing Office Address

P.O. Box 6159

Suite, Apt. #, etc.

City & State

MIRAMAR BEACH, FL

Zip

32550

Country

U.S.A.

4. State/Country of Formation

FLORIDA / U.S.A.

5. Date Organized or Qualified
To Do Business in Florida

12/17/2004

6. FEI Number

20-2017455

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

CRAIG SMITH

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

445 Grande Blvd.

Suite, Apt. #, Etc.

206

City

MIRAMAR BEACH

State

FL

Zip Code

32550

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

REGISTERED AGENT MUST SIGN

Date 09/13/2010

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
P	CRAIG SMITH	445 Grande Blvd. #206	MIRAMAR BEACH, FL, 32550

REINSTATEMENT 08-10

AL

11. E-mail Address: CSMITH@lawgistic.net

(To be used for future annual report notifications)

12. 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

Date 09/13/2010

Daytime Phone # 866-436-8279

Typed or printed name of signing Managing Member/Manager