

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 SEP 23 AM 10:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000094096

1. Limited Liability Company's Name

SIMPTOMJUNE, LLC

CR2E041 (1/11)

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

618 Vanderbaker Road

Suite, Apt. #, etc.

3. Mailing Office Address

618 Vanderbaker Road

Suite, Apt. #, etc.

City & State

Temple Terrace, FL

City & State

Temple Terrace, FL

Zip

33617

Country

U.S.A.

Zip

33617

Country

U.S.A.

4. State/Country of Formation

Florida, U.S.A.

5. Date Organized or Qualified

To Do Business in Florida 12/29/2004

6. FEI Number

25-9705061

☐ 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

Thomas L. Simpson

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

618 Vanderbaker Road

Suite, Apt. #, Etc.

City

Temple Terrace

State

FL

Zip Code

33617

E-mail Address:

500212480215

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simptomjune@yahoo.com

(To be used for future annual report notices)

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

9/20/2011

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
MGRM	Thomas L. Simpson	618 Vanderbaker Road	Temple Terrace, FL 33617

REINSTATEMENT 09-11

DB

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. 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 Managing
Member/Manager**

Date

9/20/2011

Daytime Phone # (813) 215-1923

Typed or printed name of signing Managing Member/Manager Thomas L. Simpson