

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L04000094349**

1. Limited Liability Company's Name

Xernona Investment Service LLC

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

825 NW 51 Terrace

Suite, Apt. #, etc.

City & State

Gainesville, FL

Zip

32605

Country

Alachua

3. Mailing Office Address

825 NW 51 Terrace

Suite, Apt. #, etc.

City & State

Gainesville, FL

Zip

32605

Country

Alachua

4. State/Country of Formation

Florida/Alachua

5. Date Organized or Qualified
To Do Business in Florida

2001

6. FEI Number

06176-1568

☐ 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 **Obie Spratling**

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

825 NW 51 Terrace

Suite, Apt. #, Etc.

City

Gainesville

State

FL

Zip Code

32605

E-mail Address:

300219415853
01/24/12--01028--008 **238.75

spratrat@aol.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

Obie Spratling
REGISTERED AGENT MUST SIGN

Date **01/15/2012**

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
member	Obie Spratling	825 NW 51 ST Terr	Gainesville, FL 32605
member	Debra Spratling	825 NW 51 ST Terr	Gainesville, FL 32605

REINSTATEMENT

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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

Obie Spratling
Date

Daytime Phone # **352 373 2788**

Typed or printed name of signing Managing Member/Manager