

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAY 13 PM 3:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000000097

1. Limited Liability Company's Name

LPO LLC

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box # 146 Island Estates Pkwy.		3. Mailing Office Address 138 Palm Coast Pkwy.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Palm Coast, FL 32137		City & State Palm Coast, FL 32137	
Zip 32137	Country USA	Zip 32137	Country USA

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 12/30/2004	
6. FEI Number	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent		
Name Timothy J. Conner		
Street Address (P.O. Box Number is Not Acceptable) 4488 N. Oceanshore Blvd.		
Suite, Apt. #, Etc.		
City Palm Coast.	State FL	Zip Code 32137

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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 5-2-10

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
MMGR	Lawrence P. O'Reilly	138 Palm Coast Pkwy., Box 310	Palm Coast, FL 32137

932.50

REINSTATEMENT 05-10

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05/13/10 01035 010 **957.50

11. E-mail Address tjconner@cblpa.com

12. I certify that I am managing member/manager of 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 608.405, 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 5-2-10

Daytime Phone # 386-931-0931

Typed or printed name of signing Managing Member/Manager