

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

08 JUN 23 PM 2:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700131812617
06/27/08--01029--013 **516.25
CR2E041 (12/07)

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000001110

1. Limited Liability Company's Name

TERRANCE BOYNTON LLC

2. Principal Office Address - No P.O. Box # 1609 Copperfield Avenue Suite, Apt. #, etc. City & State Deltona, FL Zip 32738 Country USA		3. Mailing Office Address 1609 Copperfield Avenue Suite, Apt. #, etc. City & State Deltona, FL Zip 32738 Country USA	
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4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida 01/04/2005

6. FEI Number ☒ 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 Nathaniel Jones		
Street Address (P.O. Box Number is Not Acceptable) 1609 Copperfield Avenue		
Suite, Apt. #, Etc.		
City Deltona	State FL	Zip Code 32738

☒ 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

Nathaniel Jones
REGISTERED AGENT MUST SIGN

Date 06/13/2008

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	Nathaniel Jones	1609 Copperfield Avenue	Deltona, FL 32738
MGRM	Kathleen Jones	1609 Copperfield Avenue	Deltona, FL 32738

REINSTATEMENT 2006-08

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.

Signature of
Managing Member/Manager

Nathaniel Jones

Date 06/19/2008

Daytime Phone# 386-235-6173

Typed or printed name of signing Managing Member/Manager **Nathaniel Jones**