

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 APR 14 PM 2:49

CR2E041 (12/07)

DOCUMENT # L05 000001346

1. Limited Liability Company's Name

BROADFOOT DESIGN, LLC

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

420 3RD ST. S.

Suite, Apt. #, etc.

3. Mailing Office Address

420 3RD ST. S.

Suite, Apt. #, etc.

City & State

JACKSONVILLE BCH., FL

City & State

JACKSONVILLE BCH., FL

Zip

32250

Country

U.S.A.

Zip

32250

Country

U.S.A.

4. State/Country of Formation

FL, ~~DELAWARE~~ U.S.A.

5. Date Organized or Qualified  
To Do Business in Florida

JAN. 2, 2005

6. FEI Number

20-2110872

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

BEN BROADFOOT

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

420 3RD ST. S.

Suite, Apt. #, Etc.

City

JACKSONVILLE BEACH

State

FL

Zip Code

32250

☐ 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

Bm Broadfoot

Date

4-10-08

REGISTERED AGENT MUST SIGN

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
MEM	BEN BROADFOOT	420 S. 3RD ST	JACKSONVILLE BCH., FL 32250

500123282535  
04/14/08--01050--022 \*\*516.25

REINSTATEMENT

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

Bm Broadfoot

Date

4-10-08

Daytime Phone #

904-242-8800

Typed or printed name of signing Managing Member/Manager

BEN BROADFOOT