

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

07 NOV 20 PM 2:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000005014

1. Limited Liability Company's Name

Chris Clements LLC.

CR2E041 (1/07)

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

2566 Cayenne Lane

Suite, Apt. #, etc.

3. Mailing Office Address

2566 Cayenne Lane

Suite, Apt. #, etc.

City & State

Shalimar, FL

City & State

Shalimar, FL

Zip

32579

Country

Okaloosa

Zip

32579

Country

Okaloosa

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

11/18/2005

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

Christopher L. Clements

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

2566 Cayenne Lane

Suite, Apt. #, Etc.

City

Shalimar

State

FL

Zip Code

32579

☐ 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

Chris Clements

Date Oct 4, 2007

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
President	Chris Clements	2566 Cayenne LN	Shalimar / FL / 32579
			100110888541 10/11/07--01033--026 **150.00
			100110888541 11/02/07--01011--006 **50.00
			REINSTATEMENT
			06-07

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

Chris Clements

Date

Oct. 4, 2007

Daytime Phone #

(850) 651-2566

Typed or printed name of signing Managing Member/Manager

Chris Clements