

PLEASE READ ALL INSTRUCTIONS BEFORE

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

13 OCT 22 AM 9:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L0500004159

1. Limited Liability Company's Name

Lee Freyer Kennedy Crestview, LLC

CR2E041 (1/11)

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

4720 Rockcliff Rd

Suite, Apt. #, etc.

3

3. Mailing Office Address

4720 Rockcliff Rd

Suite, Apt. #, etc.

3

City & State

Austin, TX

City & State

Austin, TX

Zip

78746

Country

US

Zip

78746

Country

US

4. State/Country of Formation

FL, OKaloosa

5. Date Organized or Qualified  
To Do Business in Florida

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

Anita Williams

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

127 Harbor Blvd

Suite, Apt. #, Etc.

Suite 3B

City

Destin

State

FL

Zip Code

32541

E-mail Address:

600253085986

10/22/13--01011--017 \*\*238.75

(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

Anita Williams

Date 10.16.13

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
MGR	Lee McPherson	4720 Rockcliff Rd	Austin TX 78746

REINSTATEMENT

OCT 22 2013

M. WILLIAMS

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

Ta Williams

Date 10.16.13

Daytime Phone #

850 499 2582

Typed or printed name of signing Managing Member/Manager