

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

08 AUG 13 PM 3:13

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # L05000023290

1. Limited Liability Company's Name

C2 LLC

CR2E041 (12/07)

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

1105 2nd Avenue South

Suite, Apt. #, etc.

City & State

Lake Worth FL

Zip

33460

Country

US

3. Mailing Office Address

PO Box 8147

Suite, Apt. #, etc.

City & State

Lantana, FL

Zip

33465-8147

Country

US

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

03/08/2005

6. FEI Number

20-2571161

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

Scott J. Jordan, Esq.

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

C/O Tripp Scott, P.A.

Suite, Apt. #, Etc.

110 SE 6th Street, 15th Floor

City

Fort Lauderdale

State

FL

Zip Code

33301

☐ 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

*Scott J. Jordan*

REGISTERED AGENT MUST SIGN

Date 7/2/08

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	Christopher J. Thies	1105 2nd Avenue S.	Lake Worth FL 33460
MGR	Dennis W. Thies	1105 2nd Avenue S.	Lake Worth FL 33460

REINSTATEMENT

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06.08

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

*Dennis W. Thies*

Date 07.01.08

Daytime Phone # 561-722-6633

Typed or printed name of signing Managing Member/Manager Dennis W. Thies, Manager