

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000032123

1. Limited Liability Company's Name

SOURCE I LLC

~~710 N.E. 2nd STREET~~ ~~710 NE 2nd STREET~~

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

~~405 NE 7th STREET~~

3. Mailing Office Address

~~105 NE 7th STREET~~

Suite, Apt. #, etc.

ATT: Cindy Burns

Suite, Apt. #, etc.

City & State

DELRAY BEACH FLORIDA

City & State

DELRAY BEACH FLORIDA

Zip ~~33483~~
~~33444~~

Country
USA

Zip ~~33483~~
~~33444~~

Country
USA

4. State/Country of Formation

FLORIDA USA

5. Date Organized or Qualified
To Do Business in Florida

04/01/05

6. FEI Number
202664721

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
SPIEGEL & UTRERA P.A.

Street Address (P.O. Box Number is Not Acceptable)
1840 SW 22nd STREET

Suite, Apt. #, Etc.
4th FLOOR

City
MIAMI

State
FL

Zip Code
33145

400236361664

~~400236361664~~
05/10/12--01023--026 **\$55.00

crockerk@bellsouth.net

(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

REGISTERED AGENT MUST SIGN

[Signature]
Wanda Utrera VP
of Spiegel & Utrera
Date 5/31/2012

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	KATHLEEN CROCKER	105 NE 7th STREET	DELRAY BEACH FL 33444
MGR	PAUL SORIN	105 NE 7th STREET	DELRAY BEACH FL 33444
MGR	Kathleen Crocker	710 NE 2nd STREET	Delray Beach FL 33483
MGR	Paul Sorin	710 NE 2nd STREET	Delray Beach FL 33483
	REINSTATEMENT	2009-2012	

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 608.408, 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

[Signature]

Date

5/8/2012

Daytime Phone

561-330-7459

Typed or printed name of signing Managing Member/Manager

JUN 18 2012

T. HAMPTON

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 MAY 10 PM 3:46

CR2E041 (1/11)



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

11 JUN -5 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

May 16, 2012

SOURCE I LLC ***** 2ND MAILING *****
710 NE 2ND ST
DELRAY BEACH, FL 33483

SUBJECT: SOURCE I, LLC
Ref. Number: L05000032123

We have received your document for SOURCE I, LLC and your check(s) totaling \$685.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

We are holding your amendment.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 812A00014272



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 14, 2012

SOURCE I LLC
105 NE 7TH ST
DELRAY BEACH, FL 33444

SUBJECT: SOURCE I, LLC
Ref. Number: L05000032123

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