

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000036017

1. Limited Liability Company's Name

LEROY SMITH, L.L.C.

2. Principal Office Address - No P.O. Box #
1414 Co. Hwy. 283 South

Suite, Apt. #, etc.
Suite B

City & State
Santa Rosa Beach 32459

Zip
32459

Country
USA

3. Mailing Office Address
1414 Co. Hwy. 283 South

Suite, Apt. #, etc.
Suite B

City & State
Santa Rosa Beach 32459

Zip
32459

Country
USA

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida **04/11/2005**

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
Gary A. Shipman, Esquire

Street Address (P.O. Box Number is Not Acceptable)
1414 Co. Hwy. 283 South

Suite, Apt. #, Etc.
Suite B

City
Santa Rosa Beach

State
FL

Zip Code
32459

☒ 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.

REINSTATEMENT 05-07

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

Date

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	Gary A. Shipman	1414 Co. Hwy. 283 South, Suite B	Santa Rosa Beach 32459
MGR	Holly Shipman	1414 Co. Hwy. 283 South, Suite B	Santa Rosa Beach 32459
MGR	Leroy Smith	56 Ballamore Cove	Destin, FL 32550
MGR	Yvonne Smith	56 Ballamore Cove	Destin, FL 32550
MGR	Lyle Sandquist	115 Satinwood Drive	Santa Rosa Beach 32459
MGR	Sherry Sandquist	115 Satinwood Drive	Santa Rosa Beach 32459

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

Date

4/26/07

Daytime Phone #

850 231 3315

Typed or printed name of signing Managing Member/Manager

Gary A. Shipman

FILED

2007 APR 30 AM 10:42

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**300101875099
05/09/07--01006--020 **150.00**

CR2E041 (1/07)