

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

09 JAN 21 AM 11:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01152009 REIN-LLC CR2E101 (1/07)

DOCUMENT # L05000043386	
1. Entity Name MUD WORKS L.L.C.	



Principal Place of Business 223 CACTUS STREET TALLAHASSEE, FL 32304	Mailing Address 223 CACTUS STREET TALLAHASSEE, FL 32304
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2. Principal Place of Business - No P.O. Box # 2131 Berkshire Dr.	3. Mailing Address 2131 Berkshire Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Tallahassee FL	City & State Tallahassee FL
Zip 32304	Zip 32304
Country	Country

4. FEI Number 26-0371761 26-0381761	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent FRANKLIN, DESSIE III 223 CACTUS STREET TALLAHASSEE, FL 32304

7. Name and Address of New Registered Agent Name Franklin, Dessie III Street Address (P.O. Box Number is Not Acceptable) 2131 Berkshire Dr. City Tallahassee FL Zip Code 32304

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Dessie Franklin DATE 1/21/09

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$277.50	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FRANKLIN, DESSIE 223 CACTUS STREET TALLAHASSEE, FL 32304 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Franklin, Dessie 2131 Berkshire Dr. Tallahassee, FL 32304 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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REINSTATEMENT 1/21/09

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01/21/09--01013--005 **277.50

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Dessie Franklin DATE 1/21/09

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE