

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

07 DEC 18 PM 12:17

LIMITED LIABILITY
COMPANY
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONSSECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 205000047165

1. Limited Liability Company's Name

AUTOMATED MARKETING LLC

CR2E041 (1/07)

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

809 E BLOOMINGDALE AVE

Suite, Apt. #, etc.

#300

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

BRANDON, FL

City & State

Zip

33511

Country

USA

Zip

Country

4. State/Country of Formation

FLORIDA, USA

5. Date Organized or Qualified
To Do Business in Florida

09/15/06

6. FEI Number

20-911806

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒\$5.00 Additional Fee required
for a Certificate of Status

B. Name and Address of Current Registered Agent

Name

JASON JOYNER

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

6410 HEIDI ROAD

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32277

☐ 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

REGISTERED AGENT MUST SIGN

Date 9/23/07

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
HERMADAM BERNARD		22287 MULHOLLAND AVE, #110	CAHABAS, CA 91302
HERMADAM SNODGRASS		290 VALLEY CREEK	CABOT, AR 72023

4007109899254
09/29/07-01042-005 **200.00

REINSTATEMENT

06-07

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

09/18/07

Daytime Phone #

813-343-2427

Typed or printed name of signing Managing Member/Manager

ADAM BERNARD