

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

09 JAN -8 AM 8:52

STATE
TALLAHASSEE FLORIDA

DOCUMENT # LD5000054012

1. Limited Liability Company's Name

NORTH FLORIDA VISION TIME OF MAUNDING, LLC

000139875080
01/07/09--01029--002 **238.75

CR2E041 (10/08)

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

3. Mailing Office Address

668 N. ORLANDO AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 1007

City & State

City & State

MAUND, Florida

Zip

Country

Zip

Country

32751

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

6. FCI 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 DOUG BARTLE

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

668 N. ORLANDO AVENUE

Suite, Apt. #, etc.

Suite 1007

City

MAUND

State

FL

Zip Code

32751

☐ 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

Doug Bartle

REGISTERED AGENT MUST SIGN

Date 12-30-08

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 |
|-----------|--------------------------------------|---|--------------------|
| <u>MM</u> | <u>DOUG BARTLE</u> | <u>668 N. ORLANDO AVE, #1007 MAUND, FL 32751</u> | |
| | <u>L. SELLERS</u> | | |
| | <u>JAN - 9 2009</u> | | |
| | <u>EXAMINER</u> | | |
| | | | |

REINSTATEMENT 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

Doug Bartle

Date 12-30-08 Daytime Phone 407-599-0044

Typed or printed name of signing Managing Member/Manager DOUG BARTLE