apmm

FILED
09 JAN 16 AM 8:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000059290

1. Limited Liability Company's Name

Boulware Estates, LLC

07

600140880946
01/16/09--01002--005 **416.25

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
404 Marsh Pointe Dr	515 E. Park Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Columbia SC	City & State: Tallahassee, FL
Zip: 29229 Country: Richland	Zip: 32301 Country:

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 06/15/05

6. FEI Number: 201609971 ☐ 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: CorpDirect Agents, Inc.

Street Address (P.O. Box Number is Not Acceptable): 515 E. Park Avenue

Suite, Apt. #, Etc.:

City: Tallahassee State: FL Zip Code: 32301

☑ 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: Katie Wunsch, Asst. Sec. Date: 1/15/09
REGISTERED AGENT MUST SIGN

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
MGRM	Michael Boulware	404 Marsh Pointe Dr	Columbia SC 29229
MGRM	Jessica Boulware	404 Marsh Pointe Dr	Columbia SC 29229
	REINSTATEMENT 2007-2009		

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: Jessica Boulware Date: 01.15.09 Daytime Phone #: 425.891.0330

Typed or printed name of signing Managing Member/Manager: Jessica Boulware