

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Limited Liability Company's Name

W05-179181
RANDY JOHNSON ENTERPRISES LLC
9/15/00

FILED
00 AUG 25 PM 12: 59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
08/11/08--01049--009 **155.00
600135279516
09/03/08--01007--005 **261.25

CR2E041 (12/07)

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

3. Mailing Office Address

2106 E CENTRAL BLVD

2106 E CENTRAL BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO, FL.

City & State

ORLANDO, FL.

Zip

Country

32803 ORANGE

Zip

Country

32803 ORANGE

4. State/Country of Formation

TALLAHASSEE, FL. 32314

5. Date Organized or Qualified
To Do Business in Florida

8-5-05

6. FEI Number

57-1223370

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

RANDY JOHNSON

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

2106 E CENTRAL BLVD

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32803

☒ 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

Randy R Johnson

REGISTERED AGENT MUST SIGN

Date *6-10-08*

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
<i>mgrm</i>	<i>Randy Johnson</i>	<i>2106 E Central Blvd</i>	
	<i>Orlando FL 32803</i>		

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

Randy R Johnson

Date *6-10-08*

Daytime Phone # *407-228-0501*

Typed or printed name of signing Managing Member/Manager

RANDY R JOHNSON