

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 OCT 23 PM 2: 19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L05000092242

**1. Limited Liability Company's Name**

# Charles Sheppard Company LLC

CR2E041 (1/07)

<b>2. Principal Office Address - No P.O. Box #</b> <b>10459 Hunters Creek Court</b>	<b>3. Mailing Office Address</b> <b>10459 Hunters Creek Court</b>
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Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Jacksonville, Florida

City & State  
**Jacksonville, Florida**

Zip  
32256Country  
USA

Zip  
32256

Country  
USA

State/Country of Formation  
**Florida**

**5. Date Organized or Qualified To Do Business in Florida** September 20, 2005

6 FEI Number  
20-3489280

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 **Charles R. Sheppard**

Street Address (P.O. Box Number is Not Acceptable)  
10459 Hunters Creek Court

Suite, Apt. #, Etc.

City  
Jacksonville, Florida

State	Zip Code
FL	32256

☐ 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

Date 10-18-07

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

MCRA	Charles R. Sheppard	10459 Hunters Creek Court Jacksonville, Florida 32256
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10/28/07--01040--001 \*\*205.00

## 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 10-18-07

Daytime Phone # 904-303-3275

Typed or printed name of signing Managing Member/Manager CR Sheppard