

PLEASE-READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONSSECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAR 12 PM 3:33

DOCUMENT # L0500011762

1. Limited Liability Company's Name

Joseph D. Cogswell
LLC700120117337
03/12/08--01034--021 **516.25

CR2E041 (12/07)

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

1056 Hwy 71
Suite, Apt. #, etc.

3. Mailing Office Address

1056 Hwy 71
Suite, Apt. #, etc.

City & State

Marianna Fla.

City & State

Marianna Fla.

Zip

32448

Country

U.S.

Zip

32448

Country

U.S.

8. Name and Address of Current Registered Agent

Name: Joseph D. Cogswell

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

1056 Hwy 71

Suite, Apt. #, Etc.

City

Marianna

State

FL

Zip Code

32448

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

11/14/05

6. FEI Number

20-3754394

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐\$5.00 Additional Fee required
for a Certificate of Status☐ 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 2/29/08

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
MEMBER	JOSEPH D. COGSWELL	1056 HWY. 71	MARIANNA, FL 32448

REINSTATEMENT

06-08
Pelt

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 608.408, 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 2/29/08 Daytime Phone # 850-654-5827

Typed or printed name of signing Managing Member/Manager JOSEPH D. COGSWELL