

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
08 NOV 26 PM 2:40

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L05000113773**

1. Limited Liability Company's Name

Appling Smith LLC

CR2E041 (10/08)

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

12876 SW CR 231

Suite, Apt. #, etc.

City & State

Brooker, FL

Zip

32622

Country

USA

3. Mailing Office Address

2120 Autumn Cove Circle

Suite, Apt. #, etc.

City & State

Orange Park, FL

Zip

32003

Country

USA

4. State/Country of Formation

FL / USA

5. Date Organized or Qualified
To Do Business in Florida

11/28/2005

6. FEI Number

203847912

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

Mark Smith

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

2120 Autumn Cove Circle

Suite, Apt. #, Etc.

City

Orange Park,

State

FL

Zip Code

32003

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

[Signature]

Date **11/19/08**

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
MGR	Chad Appling	1028 Meadows Dr	Starke, FL 32091
MGR	Stephen Smith	12404 SW CR 231	Brooker, FL 32622
MGR	Mark Smith	2120 Autumn Cove Circle	Orange Park, FL

REINSTATEMENT

2007 - 2008

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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

[Signature]

Date

11/19/08

Daytime Phone #

904-591-5591

Typed or printed name of signing Managing Member/Manager

Mark M. Smith