

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS**

FILED

2007 APR 25 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

DOCUMENT # LD5000116722

1. Limited Liability Company's Name

MacGuyver, LLC

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

187 Lauren Lane

Suite, Apt. #, etc.

City & State

Santa Rosa Beach, FL

Zip
32459

Country
U.S.A.

3. Mailing Office Address

187 Lauren Lane

Suite, Apt. #, etc.

City & State

Santa Rosa Beach, FL

Zip
32459

Country
U.S.A.

4. State/Country of Formation

Walton

**5. Date Organized or Qualified
To Do Business in Florida**

12/7/2005

6. FEI Number

76-0808499

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
Richard D. Burch

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

490 Lakewood Drive

Suite, Apt. #, Etc.

City
Santa Rosa Beach

State
FL

Zip Code
32459

☐ 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**

[Signature]

REGISTERED AGENT MUST SIGN

Date **4/18/2007**

[Signature]

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	Richard D Burch	187 Lauren Lane	Santa Rosa Beach / FL / 32459
MGRM	Keenan T. Sturkie	187 Lauren Lane	Santa Rosa Beach / FL / 32459

REINSTATEMENT

06-07

05/08/07--01008--008 **205.00

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 **4/18/2007**

Daytime Phone# **(850) 865 - 0212**

Typed or printed name of signing Managing Member/Manager **Keenan Sturkie**