


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>	 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>
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DOCUMENT # LD6000004809

1. Limited Liability Company's Name

**RONNIE PRICE LLC**

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

**1825HUGHEY ST.**

Suite, Apt. #, etc.

3. Mailing Office Address

**1825HUGHEY ST.**

Suite, Apt. #, etc.

City & State

**KISSIMMEE, FL.**

City & State

**KISSIMMEE, FL.**

Zip

**34741**

Country

**USA**

Zip

**34741**

Country

**USA**

8. Name and Address of Current Registered Agent

Name

**RONNIE PRICE**

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

**1825HUGHEY ST.**

Suite, Apt. #, Etc.

City

**KISSIMMEE, FL.**

State

**FL**

Zip Code

**34741**

4. State/Country of Formation

**FL USA**

5. Date Organized or Qualified

To Do Business in Florida **01/13/2006**

6. FEI Number

**20-4478519**

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 12-12-08

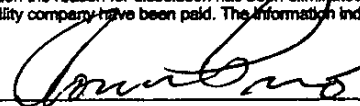
10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	RONNIE PRICE	1825HUGHEY ST.	KISSIMMEE, FL. 34741
MGRM	RANDY PRICE	1825HUGHEY ST.	KISSIMMEE, FL. 34741

REINSTATEMENT 08

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 12-12-08 Daytime Phone # 407-433-3603

Typed or printed name of signing Managing Member/Manager