

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 APR 23 AM 10:24

DOCUMENT # L06000012593

1. Limited Liability Company's Name

Rick y Johnson LLC

400126880954

04/29/08--01035--008 \*\*138.75  
CR2E041 (12/07)

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

same

3. Mailing Office Address

1613 N P St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Pensacola FL

Zip

Country

Zip

Country

32505

4. State/Country of Formation

FL Escambia

5. Date Organized or Qualified  
To Do Business in Florida

4/8/06

6. FEI Num

☒ 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

Rickey Johnson

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

1613 N P St

Suite, Apt. #, Etc.

City

Pensacola

State

FL

Zip Code

32505

☒ 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

Rickey Johnson  
REGISTERED AGENT MUST SIGN

Date

4/8/08

**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	Johnson, Rickey	1613 N P St.	Pensacola, FL 32505

400126880954

04/29/08--01035--009 \*\*139.00

**REINSTATEMENT**

2007-2008

Wet

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

Rickey Johnson

Date

4/8/08

Daytime Phone #

850-490-0464

Typed or printed name of signing Managing Member/Manager

Rickey Johnson