PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FN FD _		
LIMITED LIABILITY COMPANY REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 09 APR -7 AM 11: 25
DOCUMENT # LOGOOO 16698 1. Limited Liability Company's Name OBW, LLC		
2. Principal Office Address - No P.O. Box #	3. Mailing Office Address	3 00148291 363 04/01/0901034017 **416.25 crze041 (10/08)
	1331-ASW 13+4St	
1331-A SW 13th St Sulte, Apt. #, etc.	Suite, Apt. #, etc.	4. State/Country of Formation
		5. Date Organized or Qualified To Do Business In Florida 2/15/06
Gainesville FL	Gainesville FL	6. FEI Number NONE Applied For Not Applicable
32608 country	32608 Country	CERTIFICATE OF STATUS DESIRED S5.00 Additional Fee required for a Certificate of Status
8. Name and Address of	Current Registered Agent	
Name Harry E Soxton		☑ A \$100 reinstatement fee is imposed, except
Street Address (P.O. Box Number is Not Acceptable)		in circumstances which the entity did not
1331-A SW 13th St		receive the prior notices. By checking this box, you are certifying the prior notices were
Suite, Apt. #, Etc.		not received and requesting the \$100
Gainesville FL 32 608		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 Date 3/25/09 REGISTERED AGENT MUST SIGN		
10. Names and Street Addresses of Managing Members/Managers		
Titles Name of Managing Members/Manage	Street Address of Each	l ("itu / Stata / Zin
MGRM Harry E Soxto	on 1331-ASW 13th	St Gainesville/FL 32108
REINSTATEMENT 2007 -2009		
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 filling 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 Mar 25 09 Daytime Phone # 352 375 4/54)		
Typed or printed name of signing Managing Member/Manager HARRY F. SAKTON		