

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000017030

1. Limited Liability Company's Name

ZEUS COMMUNICATIONS SOCIETY LLC

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

263 HERITAGE ISLES WAY
Suite, Apt. #, etc.

3. Mailing Office Address

263 HERITAGE ISLES WAY
Suite, Apt. #, etc.

City & State

BRADENTON, FLORIDA

City & State

BRADENTON, FLORIDA

Zip

Country

34912-9365

USA

Zip

Country

34912-9365

USA

4. State/Country of Formation

FLORIDA USA

5. Date Organized or Qualified
To Do Business in Florida

15 FEBRUARY 2006

6. FEI Number

204336199

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

M ELAINE BLODGETT

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

263 HERITAGE ISLES WAY

Suite, Apt. #, Etc.

NA

City

BRADENTON

State

FL

Zip Code

34912

☐ 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

M Elaine Blodgett

REGISTERED AGENT MUST SIGN

Date 4/21/09

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
<u>MEM</u>	<u>M ELAINE BLODGETT</u>	<u>263 HERITAGE ISLES WAY</u>	<u>BRADENTON, FLORIDA 34912</u>
<u>MGR</u>	<u>KEITH N BLODGETT</u>	<u>263 HERITAGE ISLES WAY</u>	<u>BRADENTON, FLORIDA 34912</u>

REINSTATEMENT 08-09

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

M Elaine Blodgett

Date

4/21/09

Daytime Phone #

352-5526091

Typed or printed name of signing Managing Member/Manager

M Elaine Blodgett