

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2007 NOV -6 PM 1:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

DOCUMENT #

1. Limited Liability Company's Name

66-21015  
GARAGE DOWN, LLC.

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

1610 GLENWAY DR.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. BOX 3381

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FL.

City & State

TALLAHASSEE, FL.

Zip

32301

Country

LEON

Zip

32315

Country

LEON

4. State/Country of Formation

JEFFERSON / FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

3/1/06

6. FEI Number

141951805

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

KEN BARKER (MGR)

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

1610 GLENWAY DR.

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32301

☒ 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

Ken Barker

REGISTERED AGENT MUST SIGN

Date 10/31/07

**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
MGR	RITA BARKER	1610 GLENWAY DR.	TALLAHASSEE, FL. 32301

500112130435  
11/08/07--01051--026 \*\*50.00

REINSTATEMENT

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

Ken Barker

KEN BARKER

Date

10/31/07

Daytime Phone #

(850) 261.5823

Typed or printed name of signing Managing Member/Manager

RITA BARKER

10/31/07

(850) 321.2448