

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 SEP -9 AM 10:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (10/08)

DOCUMENT # L06000021928

1. Limited Liability Company's Name

NORTH WEST FLORIDA SERVICES, LLC

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

8121 HWY 90

Suite, Apt. #, etc.

City & State

Milton, Florida

Zip

32583

Country

U.S.A.

3. Mailing Office Address

8121 HWY 90

Suite, Apt. #, etc.

City & State

Milton, Florida

Zip

32583

Country

U.S.A.

4. State/Country of Formation

Florida, Santa Rosa

5. Date Organized or Qualified

To Do Business in Florida 02/28/2006

6. FEI Number

26-0664358

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

Thomas J. Murtagh

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

8121 HWY 90

Suite, Apt. #, Etc.

City

Milton

State

FL

Zip Code

32583

☒ 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

Thomas J. Murtagh
REGISTERED AGENT MUST SIGN

Date

8/26/09

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
mgr	Thomas J. Murtagh	8121 HWY. 90	Milton, Florida 32583

REINSTATEMENT

08, 09

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09/02/09--01033--006 **243.75

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

Thomas J. Murtagh

Date 08/25/09

Daytime Phone# 850-981-8222

Typed or printed name of signing Managing Member/Manager Thomas J. Murtagh

N. Collins SEP 10 2009