

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

07 OCT 29 AM 10:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10292007 REIN-LLC CR2E101 (1/07)

4. FEI Number **11-3770614** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required ☒

## 6. Name and Address of Current Registered Agent

DEATON, MICHAEL  
56 SOLOMON DR  
CRAWFORDVILLE, FL 32327

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**33 Dogwood Dr**  
City **Crawfordville FL** Zip Code **32327**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**After January 1, 2008, Fee will be \$100.00**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to  
Florida Department of State

## 9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete  
NAME **DEATON, MICHAEL**  
STREET ADDRESS **56 SOLOMON DR**  
CITY-ST-ZIP **CRAWFORDVILLE, FL 32327**

## 10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Change ☐ Addition  
NAME **Deato, michael**  
STREET ADDRESS **33 Dogwood Dr.**  
CITY-ST-ZIP **Crawfordville FL 32327**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **MGRM** ☐ Change ☒ Addition  
NAME **Jayson Smith**  
STREET ADDRESS **25 Boib Miller Rd**  
CITY-ST-ZIP **Crawfordville FL 32327**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME **300111494053**  
STREET ADDRESS **10/30/07--01033--001**  
CITY-ST-ZIP **\*\*50.00**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

10-29-07

Date

Daytime Phone #

REINSTATEMENT 2007