


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT L06000030882

1. Limited Liability Company's Name

Reef Florida, LLC

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

831 North Aspen Avenue

Suite, Apt. #, etc.

City & State

Broken Arrow, OK

Zip

74012

Country

USA

3. Mailing Office Address

831 North Aspen Avenue

Suite, Apt. #, etc.

City & State

Broken Arrow, OK

Zip

74012

Country

USA

4. State/Country of Formation
Florida/USA

**5. Date Organized or Qualified
To Do Business in Florida** 3-23-2006

6. FEI Number

☒ 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

John H. Reynolds, Jr.

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

302 Bay Drive South

Suite, Apt. #, Etc.

City

Bradenton Beach

State

FL

Zip Code

34217

☒ 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

John H. Reynolds, Jr.
REGISTERED AGENT MUST SIGN

Date 10-5-2009

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	John Haynes Reynolds, III	831 North Aspen Avenue	Broken Arrow, OK 74012

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. and 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

John Haynes Reynolds, III

Date 10-5-2009

Daytime Phone # 918-260-6014

Typed or printed name of signing Managing Member/Manager John Haynes Reynolds, III

FILED

09 NOV -4 AM 8:41

SECRETARY OF STATE
TALLAHASSEE FLORIDA
500161892859
10/19/09--01044--003 **138.75

CR2E041 (10/08)

500161892859
11-02-09--01065--001 **138.75

L. SELLERS

NOV -5-2009

EXAMINER