

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000032330

1. Limited Liability Company's Name

IMAGINE IT, LLC

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

415 MOUNTAIN DRIVE

Suite, Apt. #, etc.

SUITE 4

City & State

DESTIN, FL

Zip

32541

Country

US

3. Mailing Office Address

415 MOUNTAIN DRIVE

Suite, Apt. #, etc.

SUITE 4

City & State

Destin, FL

Zip

32541

Country

US

4. State/Country of Formation

FLORIDA/US

5. Date Organized or Qualified
To Do Business in Florida

03/21/2006

6. FEI Number

20-4562596

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

DOWD LAW FIRM, P. A.

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

108 EGLIN PARKWAY, S.E.

Suite, Apt. #, Etc.

City

FORT WALTON BEACH

State

FL

Zip Code

32548-5519

E-mail Address:

john@dowdlawfirm.net

(To be used for future annual report notices)

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 R. Dowd, Jr.
REGISTERED AGENT MUST SIGN

Date 8/24/2011

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
MGRM	BARBARA MIZELL	415 MOUNTAIN DRIVE	DESTIN, FL 32541
MGRM	EDWARD ROGERS	415 MOUNTAIN DRIVE	DESTIN, FL 32541

REINSTATEMENT - 07-2011

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

Barbara Mizell

Date / /2011

Daytime Phone # (850) 424-6996

Typed or printed name of signing Managing Member/Manager

Barbara Mizell