

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRET

13 MAY 30 PM 12: 59

1. Limited Liability Company's Name
SAMANTHA-ANN LLC

DEPARTMENT OF STATE
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 05-08-2001 BY 60322
500248954995

05/29/13--01019--002 **793.75

REINSTATEMENT

2. Principal Office Address - No P.O. Box #
4635 Longbow Dr.

3. Mailing Office Address
4635 Longbow Dr.

4. State/Country of Formation

Florida

5. Date Organized or Qualified To Do Business in Florida 4/14/2006

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
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Name

Michael Sean O'Brien

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

4635 Longbow Dr.

Suite, Apt. #, Etc.

City Titusville

State
FL

Zip Code
32796

E-mail Address:

Ch8F4U2500 P. SOL.COM

(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 U/B REGISTERED AGENT MUST SIGN

Date 5/14/13

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	Michael Sean O'Brien	4635 Longbow Dr.	Titusville, FL 32796
			09-13
			MAY 30 2013
			S. PRATHER

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** *[Signature]*

-Date 3/14/12

Daytime Phone # 321-383-0689

Typed or printed name of signing Managing Member/Manager