PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

18 JAN 25 AM 8:44

DOCUMENT # L06000058700

1. Limited Liability Company's Name

SCOTT, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
960 LAWHON DRIVE	960 LAWHON DRIVE
Suite, Apt #, etc.	Suite, Apt. #, etc.
City & State: JACKSONVILLE, FL	City & State: JACKSONVILLE, FL
Zip: 32259 Country: U.S.A	Zip: 32259 Country: U.S.A.

4. State/Country of Formation: FLORIDA / U.S.A.

5. Date Organized or Qualified To Do Business in Florida: 6/8/2006

6. FEI Number: 20 5011467 ☐ 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 M. EARNHART

Street Address (P.O. Box Number is Not Acceptable) Suite: 960 LAWHON DRIVE

Apt. #, Etc.:

City: JACKSONVILLE State: FL Zip Code: 32259

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9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: Thomas M. Earnhart Date: 1/10/18

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
AR	THOMAS M. EARNHART	960 LAWHON DRIVE	JACKSONVILLE, FL 32259
AR	SUSAN S. EARNHART	960 LAWHON DRIVE	JACKSONVILLE, FL 32259

REINSTATEMENT
2016 - 2018

11. E-mail Address: Tmearnhart@bellsouth.net
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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 authorized representative/member: Thomas M. Earnhart Date: 1/10/18 Daytime Phone #: 904-347-4697

Typed or printed name of signing authorized representative/member: THOMAS M. EARNHART

JAN 25 2018

M. WILLIAMS