

FILED

14 JUN 20 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/14)

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified
To Do Business in Florida
07/07/2006

6. FBI Number
65-1290879

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

SCOTT BLANKENSHIP

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

17526 COBBLESTONE LANE

Suite, Apt. #, Etc.

City
CLERMONT

State	Zip Code
FL	34711

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06/20/14--01034--007 **516.25

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

Date _____

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	SCOTT BLANKENSHIP	17526 COBBLESTONE LANE	CLERMONT, FL 34711
AR	CATHY BLANKENSHIP	17526 COBBLESTONE LANE	CLERMONT, FL 34711

JUN 24 2014

L. SELLERS

11. E-mail Address: scottblankenship@embarqmail.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager of 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 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of _____

Signature of
Authorized Representative/Manager

De

Daytime Phone #. 332-516-5701

Typed or printed name of signing Authorized Representative/Manager: SCOTT BLANKENSHIP