

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 AUG 11 PM 12:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800 159329918
08/06/09--01049--015 **516.15

CR2E041 (10/08)

DOCUMENT # 1206000068114

1. Limited Liability Company's Name

New Market Partners LLC

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

4719 Starboard Dr

Suite, Apt. #, etc.

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Bradenton FL

City & State

Zip

34208

Country

USA

Zip

Country

4. State/Country of Formation

FL/USA

5. Date Organized or Qualified
To Do Business in Florida

7/10/2006

6. FEI Number

20-5162168

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

Joy Randels

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

4719 Starboard Drive

Suite, Apt. #, Etc.

City

Bradenton

State

FL

Zip Code

34208

☒ 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

[Signature]
REGISTERED AGENT MUST SIGN

Date

7/31/2009

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
<u>mgr</u>	<u>Joy Randels</u>	<u>4719 Starboard Dr</u>	<u>Bradenton FL 34208</u>
<u>mgr</u>	<u>Jeff Sountry</u>	<u>" " "</u>	<u>" " "</u>

REINSTATEMENT

07-09

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.

Signature of
Managing Member/Manager

[Signature]

Date

7/31/2009

Daytime Phone

941 704 6084

Typed or printed name of signing Managing Member/Manager