

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000081716

1. Entity Name  
SHANKLIN ESTATES ENTERPRISES, LLC



FILED

2007 NOV 13 P 2:34

SECRETARY OF STATE



Principal Place of Business  
5635 HWY 331 S.  
DEFUNIAK SPRINGS, FL 32435

Mailing Address  
3654 STATE HWY 85  
LAUREL HILL, FL 32567

2. Principal Place of Business - No P.O. Box #

3992 Co. Hwy 280 East

3. Mailing Address

3992 Co. Hwy 280 East

Suite, Apt. #, etc.

Suite, Apt. #, etc.

09252007 REIN-LLC CR2E101 (1/07)

City & State

Defuniak Springs, FL

City & State

Defuniak Springs, FL

4. FEI Number

77-06064510

Applied For

Not Applicable

Zip

Country

32435

USA

Zip

Country

32435

USA

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

THOMAS, LLOYD G  
5635 HWY 331 S.  
DEFUNIAK SPRINGS, FL 32435

7. Name and Address of New Registered Agent

Name John Shanklin

Street Address (P.O. Box Number is Not Acceptable)  
3992 Co. Hwy 280 East

City Defuniak Springs

FL

Zip Code

32435

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

10-19-07

FILE NOW!!! FEE IS \$150.00  
After January 1, 2008, Fee will be \$200.00

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Delete

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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition  
Managing Member  
John Shanklin  
3992 Co. Hwy 280 East  
Defuniak Springs, FL 32435

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
80011195108  
10/23/07--01019--013 ++150.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

REINSTATEMENT

07

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

10-19-07