

2014 LIMITED LIABILITY COMPANY REINSTATEMENT

APPROVED
AND
FILED

14 DEC -2 AM 11:06


KS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT



2014

DOCUMENT # L06000094686					
1. Entity Name CLASSIC REVIVAL LLC					
Principal Place of Business 701 LOTHIAN DR. TALLAHASSEE, FL 32312			Mailing Address 701 LOTHIAN DR. TALLAHASSEE, FL 32312		
2. Principal Place of Business - No P.O. Box # <i>920 Tamarack Ave</i>		3. Mailing Address <i>920 Tamarack Ave</i>		12022014 REIN-LLC CR2E101 (12/11)	
Suite, Apt #, etc.		Suite, Apt #, etc.		4. FEI Number 22-3943328	
City & State <i>Tallahassee FL</i>		City & State <i>Tallahassee FL</i>		Applied For Not Applicable	
Zip <i>32303</i>		Country <i>USA</i>		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BECKER, ANDREW 701 LOTHIAN DR. TALLAHASSEE, FL 32312			7. Name and Address of New Registered Agent Name <i>Andrew E Becker</i> Street Address (P.O. Box Number is Not Acceptable) <i>920 Tamarack Ave</i> City <i>Tallahassee</i> FL Zip Code <i>32303</i>		
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 <i>Andrew E Becker</i>		Signature, typed or printed name of registered agent and title if applicable.		DATE <i>11-02-2014</i>	
FILE NOW!!! FEE IS \$238.75 After January 1, 2015, Fee will be \$377.50		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BECKER, ANDREW 701 LOTHIAN DR. TALLAHASSEE, FL 32312 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Andrew Becker 920 Tamarack Ave Tallahassee FL 32303 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	200267024702 <input type="checkbox"/> Change <input type="checkbox"/> Addition 12/02/14--01015--015 ***263.75	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Andrew E Becker</i>		11-2-2014 Homebasedtors 911help@gmail.com			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		E-MAIL ADDRESS	