

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

12 JAN -4 AM 10:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # LOG 000100738

1. Limited Liability Company's Name

Mud N Stones LLC

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

3134

Suite, Apt. #, etc.

Seattle Slaw CRT

City & State

Tallahassee FL

Zip

32309

Country

U.S.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Same

City & State

Same

Zip

Same

Country

Same

CR2E041 (11/10)

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

26-0267840

☐ 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

Casey Daffin

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

3134 Seattle Slaw CRT

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32309

REINSTATEMENT

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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 608, F.S.

Signature of

Registered Agent

Casey Daffin

REGISTERED AGENT MUST SIGN

Date 1/4/2012

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>Casey Daffin</u>	<u>3134 Seattle Slaw CRT</u>	<u>Tallahassee FL 32309</u>

11. E-mail Address

(To be used for future annual report notifications)

12. I certify that I am a 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. 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

Managing Member/Manager

Casey Daffin

Date 1/4/2012

Daytime Phone # 850-272-6226

Typed or printed name of signing Managing Member/Manager