

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2009 DEC 28 PM 8:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E041 (11/09)

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L06000121956

1. Limited Liability Company's Name

MARKETING KNOW-how LLC

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

(same)

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Office Address

2801 Chancellorsville Dr.

Suite, Apt. #, etc.

APT 812

City & State

Tallahassee, FL

Zip

32312

Country

USA

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

1/2008

6. FEI Number

20-8148534

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

William C. Johnson

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

2801 Chancellorsville Dr.

Suite, Apt. #, Etc.

APT 812

City

Tallahassee

State

FL

Zip Code

32312

☐ 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

William C. Johnson

REGISTERED AGENT MUST SIGN

Date 12/26/09

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>MGRM</u>	<u>William C. Johnson</u>	<u>2801 Chancellorsville Dr.</u> <u>APT. 812 Tall. FL</u> <u>32312</u>	<u>900164033309</u> <u>12/22/09--01022--008 **100.00</u> <u>900164033309</u> <u>12/30/09--01001--010 **138.75</u>
<b>REINSTATEMENT -09</b>			

11. E-mail Address: billyboy @ nova.edu

(To be used for future annual report notifications)

12. 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

William C. Johnson

Date 12/26/09

Daytime Phone # (850) 893-6813

Typed or printed name of signing Managing Member/Manager

WILLIAM C. JOHNSON

P.S.