

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. ○ ○

FILED

2010 JUN 17 PM 12:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700182327887
06/18/10--01030--005 **516.25

CR2E041 (11/09)

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L07000004921

1. Limited Liability Company's Name

Borderline Graphics

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

1101 Yale Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

1101 Yale Avenue

Suite, Apt. #, etc.

City & State

Panama City, FL

City & State

Panama City, FL

Zip

32405

Country

USA

Zip

32405

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

01.16.2007

6. FEI Number

20-8233990

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

Brad Congleton CPA, Inc.

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

50 Uptown Grayton Circle

Suite, Apt. #, Etc.

15

City

Santa Rosa Beach

State

FL

Zip Code

32459

☐ 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

Brad Congleton

REGISTERED AGENT MUST SIGN

Date 5/14/10

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
mgrm	Charles McCollum	1101 Yale Avenue	Panama City, FL 32405
mgrm	Paula McCollum	1101 Yale Avenue	Panama City, FL 32405

REINSTATEMENT 08/10 AL

11. E-mail Address: paula@borderlinegraphics.com

(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

Charles McCollum

Date 5.14.10

Daytime Phone # 850.532.5473

Typed or printed name of signing Managing Member/Manager CHARLES MCCOLLUM