

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 DEC 31 AM 9:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600164088786
12/31/09--01056--002 **138.75

CR2E041 (11/09)

DOCUMENT # L 07000014447

1. Limited Liability Company's Name

Godwin LLC

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

648 Powell dr. NE

Suite, Apt. #, etc.

3. Mailing Office Address

648 Powell dr. N.E.

Suite, Apt. #, etc.

City & State

Fort Walton Bch, FL

Zip

32547

Country

U.S.A.

City & State

Fort Walton Beach, FL

Zip

32547

Country

U.S.A.

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified

To Do Business in Florida 02/07/2007

6. FEI Number

208427112

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for Certificate of Status

8. Name and Address of Current Registered Agent

Name

James D. Godwin

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

648 Powell dr. N.E.

Suite, Apt. #, Etc.

City

Fort Walton Bch

State

FL

Zip Code

32547

☒ 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

James D. Godwin

REGISTERED AGENT MUST SIGN

Date 12/28/09

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
mgrm	James D. Godwin	648 Powell dr.	FWB, FL 32547

11. E-mail Address: Godwin LLC @ AOL.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

James P. Godwin

Date 12/28/09

Daytime Phone # 850-862-6124

Typed or printed name of signing Managing Member/Manager

James D. Godwin