

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 NOV 19 PM 2:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L07000021549

1. Limited Liability Company's Name

Sonic Fish LLC

2. Principal Office Address - No P.O. Box #
12201 SE Heckler Dr

Suite, Apt. #, etc.

City & State
Hobe Sound, FL

Zip Country
33455 USA

3. Mailing Office Address
12201 SE Heckler Dr

Suite, Apt. #, etc.

City & State
Hobe Sound, FL

Zip Country
33455 USA

4. State/Country of Formation
FL/USA

5. Date Organized or Qualified
To Do Business in Florida 02/26/2007

6. FBI Number 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
David Clowdus

Street Address (P.O. Box Number is Not Acceptable) 12201 SE Heckler Dr

Suite, Apt. #, Etc.

City State Zip Code
Hobe Sound FL 33455

☒ 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 REGISTERED AGENT MUST SIGN

Date 11/12/2009

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 | David Clowdus | 12201 SE Heckler Dr | Hobe Sound, FL 33455 |
| | | | |
| | | | S. HAWKES |
| | REINSTATEMENT | | NOV 20 2009 |
| | 2008 09 | | EXAMINER |
| | | | |

11. E-mail Address: dsclowdus@gmail.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 Date 11/12/2009 Daytime Phone # (772) 546-4326

Typed or printed name of signing Managing Member/Manager David Clowdus

11/20/09

CORPORATE DETAIL RECORD SCREEN

10:18 AM

NUM: L07000021549 ST:FL INACTIVE/FL LIM LIAB FLD: 02/26/2007

LAST: ADMIN DISSOLUTION FOR ANNUAL REPORT FLD: 09/26/2008

TOTAL CONTR: 0.00

NAME : SONIC FISH LLC

PRINCIPAL: 114 N.E. 108 ST.

ADDRESS MIAMI SHORES, FL 33161 US

RA NAME : CLOWDUS, DAVID S

RA ADDR : 114 N.E. 108 ST.

MIAMI SHORES, FL 33161 US

ANN REP : * NONE FILED *

1. MENU, 3. MGR/MEM, 4. EVENTS, 7. LIST, 8. NEXT, 9. PREV

ENTER SELECTION AND CR: