

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

DOCUMENT # 107 060026912

2009 DEC 14 AM 9:52

1. Limited Liability Company's Name

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Two Striplings, LLC

600162994916  
11/20/09--01037--009 \*\*243.75  
CR2E041 (11/09)

2. Principal Office Address - No P.O. Box # 1465 Pine Street		3. Mailing Office Address 242 Windsor Place	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Tallahassee FL		City & State Brooklyn NY	
Zip 32303	Country Leon	Zip 11215	Country Kings

4. State/Country of Formation Florida / Leon	
5. Date Organized or Qualified To Do Business in Florida March 12, 2007	
6. FEI Number 20-8631321	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name Mitch and/or Susan Stripling		
Street Address (P.O. Box Number is Not Acceptable) 1465 Pine Street		
Suite, Apt. #, Etc.		
City Tallahassee	State FL	Zip Code 32303

☒ 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

*Susan Stripling*

REGISTERED AGENT MUST SIGN

Date 11.05.09

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	NAME: STRIPLING, MITCH 1465 PINE STREET TALLAHASSEE, FL 32303		600162994916 12/14/09--01059--005 **33.75
MGRM	NAME: STRIPLING, SUSAN 1465 PINE STREET TALLAHASSEE, FL 32303		
REINSTATEMENT 08-09			

11. E-mail Address: susan@susanstripling.com or mitch.stripling@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

*Susan Stripling*

Date

Daytime Phone # 917.209.8425

Typed or printed name of signing Managing Member/Manager

Susan Stripling