

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 OCT 14 AM 9:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **LP 70000 33007**

1. Limited Liability Company's Name

SWEAT PT LLC

700161539947
10/09/09--01024--002 **900.00
CR2E041 (10/08)

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

438-A OSCEOLA AVE

Suite, Apt. #, etc.

3. Mailing Office Address

438-A OSCEOLA AVE

Suite, Apt. #, etc.

City & State

JACKSONVILLE BEACH, FL

Zip

32250

Country

City & State

JACKSONVILLE BEACH FL

Zip

32250

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

3/27/2007

6. FEI Number

☒ Applied For
☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

☐ 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.

8. Name and Address of Current Registered Agent

Name

JEFF CONNORS

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

3524 HERON DRIVE S.

Suite, Apt. #, Etc.

City

JACKSONVILLE BEACH

State

FL

Zip Code

32250

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

Date **10/6/09**

REGISTERED AGENT MUST SIGN

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
MGR	JEFF CONNORS	3524 HERON DRIVE S	JACKSONVILLE BEACH FL 32250
MGR	WILLIAM FERRO	9435 OGLE BAY CT	RALEIGH NC 27617

REINSTATEMENT

08-09

11. 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 **10/6/09**

Daytime Phone #

904.471.5587

Typed or printed name of signing Managing Member/Manager

JEFF CONNORS