

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 JUN 30 PM 2:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (10/08)

DOCUMENT # LD700006737

1. Limited Liability Company's Name

Behind The Veil Publishing LLC

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

9844 Rockhill Rd

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 49124

Suite, Apt. #, etc.

City & State

Thonotosassa, FL

Zip

33592

Country

USA

City & State

Tampa FL

Zip

33646

Country

USA

4. State/Country of Formation

FL / USA

**5. Date Organized or Qualified
To Do Business in Florida**

6. FEI Number

77-0688106

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

Derrick Rackard

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

9844 Rockhill Rd

Suite, Apt. #, Etc.

City

Thonotosassa

State

FL

Zip Code

33592

☒ 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**

Derrick Rackard

Date

6/16/09

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
MGRM	Derrick L. Rackard	9844 Rockhill Rd	Thonotosassa, FL 33592
MGRM	Toni S. Rackard	9844 Rockhill Rd	Thonotosassa, FL 33592

600157695856

06/24/09 01037-002 **277.50

JB

REINSTATEMENT 2008-09

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**

Derrick Rackard

Date

6/16/09

Daytime Phone #

(813) 943-1415

Typed or printed name of signing Managing Member/Manager

Derrick L. Rackard