

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L07000063730

1. Limited Liability Company's Name

WAYNE MELVIN, LLC

FILED
10 AUG -6 PM 1:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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08/06/10--01008--002 **516.25

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box # 4882 MIDWAY FISH CAMP ROAD		3. Mailing Office Address P.O. BOX 245	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MARIANNA, FL		City & State MARIANNA, FL	
Zip 32446	Country USA	Zip 32447	Country USA

4. State/Country of Formation FLORIDA/USA	
5. Date Organized or Qualified To Do Business in Florida June 15, 2007	
6. FEI Number 27-3119450	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name Juiett Wayne Melvin			
Street Address (P.O. Box Number is Not Acceptable) 4882 Midway Fish Camp Road			
Suite, Apt. #, Etc.			
City Marianna	State FL	Zip Code 32446	

REINSTATEMENT 2008-10 SCH

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 Juiett Wayne Melvin Date 7/27/10
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	Juiett Wayne Melvin	4882 Midway Fish Camp Road	Marianna, Florida 32446
Mgrm	Jared J. Melvin	4882 Midway Fish Camp Road	Marianna, Florida 32446

11. E-mail Address: _____
(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 Juiett Wayne Melvin Date 7/27/10 Daytime Phone # 850-482-336
Typed or printed name of signing Managing Member/Manager Juiett Wayne Melvin