

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000096409

1. Entity Name
STAND & SHOUT MINISTRY, LLC



Principal Place of Business
3810 BELL ROAD
TALLAHASSEE, FL 32303

Mailing Address
3810 BELL ROAD
TALLAHASSEE, FL 32303

FILED

08 NOV 13 PM 1:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #
4108 Shady rest rd.
Suite, Apt. #, etc.

3. Mailing Address
4108 Shady rest rd.
Suite, Apt. #, etc.

11132008 REIN-LLC CR2E101 (1/07)

City & State
Havana, FL

Zip
32333

Country

City & State
Havana, FL

Zip
32333

Country

4. FEI Number
26-1104368

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GREENE, TYLER W
3810 BELL ROAD
TALLAHASSEE, FL 32303

7. Name and Address of New Registered Agent

Name
Greene, Tyler W.

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

4108 Shady rest rd.

City
Havana

FL

Zip Code
32333

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

11/13/08

DATE

FILE NOW!!! FEE IS \$138.75
After January 1, 2009, Fee will be \$277.50

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
GREENE, TYLER W
3810 BELL ROAD
TALLASSEE, FL 32303 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
Greene, Tyler W
4108 Shady rest rd.
Havana, FL 32333 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

11/13/08

Daytime Phone #

REINSTATEMENT

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