

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000099529

1. Entity Name
FAMILY UNITY ENTERPRISE LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 JUN -9 PM 12:24

Principal Place of Business
404 S SCENIC HIGHWAY
FROSTPROOF, FL 33843

Mailing Address
19 BANNEKER LANE
FROSTPROOF, FL 33843



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

3. Mailing Address
Suite, Apt. #, etc.

06022009 REIN-LLC CR2E101 (1/07)

City & State

4. FEI Number
26-1155196

Applied For
Not Applicable

Zip Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GAMMAGE, EDDIE D SR.
19 BANNEKER LANE
FROSTPROOF, FL 33843

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 Eddie Gammage DATE 6-2-09
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$377.50

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME GAMMAGE, DELORIS W
STREET ADDRESS 19 BANNEKER LANE
CITY-ST-ZIP FROSTPROOF, FL 33843

TITLE MGRM ☐ Delete
NAME GAMMAGE, EDDIE D SR
STREET ADDRESS 19 BANNEKER LANE
CITY-ST-ZIP FROSTPROOF, FL 33843

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME REINSTATEMENT 2008, 2009
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

TITLE ☐ Change ☐ Addition
NAME 600156792056
STREET ADDRESS 06/04/09--01037--004 ***377.50
CITY-ST-ZIP

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

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

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: Eddie Gammage DATE 6-2-09
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE

Daytime Phone #

JUN 10 2009