

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 NOV -3 PM 12:40

DOCUMENT # L07000100340

1. Limited Liability Company's Name

TANDALLA, LLC

REINSTATEMENT 2008-09 BSM

800162133598
10/26/09--01006--001 **277.50
CR2E041 (10/08)

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

1451 BEACH AVENUE

Suite, Apt. #, etc.

City & State

ATLANTIC BEACH, FL

Zip

32233

Country

USA

3. Mailing Office Address

1451 BEACH AVAENUE

Suite, Apt. #, etc.

City & State

ATLANTIC BEACH, FL

Zip

32233

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

10/2/2007

6. FEI Number

☐ 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

FOWLER WHITE BOGGS, P.A.

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

50 NORTH LAURA STREET

Suite, Apt. #, Etc.

SUITE 2800

City

JACKSONVILLE

State

FL

Zip Code

32202

☒ 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

Date **9/28/2009**

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	BROOKS T. WATKINS	1451 BEACH AVENUE	ATLANTIC BEACH, FL 32233

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

10/14/9

Daytime Phone #

904-451-3089

Typed or printed name of signing Managing Member/Manager **BROOKS T. WATKINS**