PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

14 MAY -6 AM 9:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/14)

DOCUMENT # L08000004939

1. Limited Liability Company's Name
Vaughn Investments LLC.

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
473 Sun Lake circle		PO Box 1106	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Apt 113			
City & State		City & State	
Lake Mary Florida		Sanford Florida	
Zip	Country	Zip	Country
32746	USA	32772	USA

4. State/Country of Formation
Florida/USA

5. Date Organized or Qualified To Do Business in Florida
1/14/2008

6. FEI Number
920233513
☐ 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
INCORP SERVICES, INC.

Street Address (P.O. Box Number is Not Acceptable)
17888 67TH COURT NORTH

Suite, Apt. #, Etc.

City	State	Zip Code
LOXAHATCHEE,	FL	33470

700259909377
05/06/14--01002--034 **377.50

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent Heather Nee for Incorp Services, Inc. Date 4/28/2014
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	Vaughn E. Denard	473 Sun Lake Circle Apt 113	Lake Mary FL 32746
			MAY-6 2014
			M. WILLIAMS

11. E-mail Address: Vone@vaughninvestments.com.
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager Vaughn E. Denard Date 4/29/2014 Daytime Phone # 407-545-9565

Typed or printed name of signing Authorized Representative/Manager Vaughn E. Denard