

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**FILED**

**JUL -3 PM 11:50**

**SECRETARY OF STATE  
TALLAHASSEE FLORIDA**

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS**

**REINSTATEMENT 09-13**  
CR2E041 (11/10)

**DOCUMENT # 408000007657**

1. Limited Liability Company's Name

Pooler N Around, LLC

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

2145 Delta Blvd

Suite, Apt. #, etc.

Suite 100

City & State

Tallahassee, FL

Zip

32303

Country

US

3. Mailing Office Address

← Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified To Do Business in Florida

1/22/08

6. FEI Number

26-1795798

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

Brandon Poole

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

2145 Delta Blvd

Suite, Apt. #, Etc.

100

City

Tallahassee

State

FL

Zip Code

32308

**300249495853**  
**07/05/13--01001--003 \*\*798.75**

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 7/3/13

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	Brandon Poole	2145 Delta Blvd Ste 100	Tallahassee, FL 32308
MGRM	Barry Poole	Same	1 1
MGRM	Dan Sherraden	Same	1 1

11. E-mail Address: brandon@poole-eng.com

(To be used for future annual report notifications)

12. I certify that I am a 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of

Managing Member/Manager

[Signature]

Date 7/3/13

Daytime Phone # 850 528 6394

Typed or printed name of signing Managing Member/Manager