

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

12 JUN 8 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L08000017565

1. Limited Liability Company's Name

SEA SALT MILL, LLC

2. Principal Office Address - No P.O. Box #
105 S. 41st Street, #C

Suite, Apt. #, etc.

3. Mailing Office Address
6553 Mink Drive

Suite, Apt. #, etc.

City & State

Mexico Beach, FL

City & State

Midland, GA

Zip

32410

Country

USA

Zip

31820

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

2/18/08

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
John T. Miller, III

Street Address (P.O. Box Number is Not Acceptable)
105 S. 41st Street, #C

Suite, Apt. #, Etc.

City

Mexico Beach

State

FL

Zip Code

32410

E-mail Address:

900236084429

06/08/12--01029--010 **685.00

jmiller@troy.edu

(To be used for future annual report notices)

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

John T. Miller III
REGISTERED AGENT MUST SIGN

Date

6/4/12

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
MM <i>MEM</i>	John T. Miller, III	6553 Mink Drive	Midland, GA 31820

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. 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

John T. Miller III

Date 6/4/12

Daytime Phone # 706-662-1918

Typed or printed name of signing Managing Member/Manager John T. Miller, III