

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

16 JUN 21 AM 8:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

LO8000020176

1. Limited Liability Company's Name

Exchange Partnership LLC

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

201 S. Monroe St.

Suite, Apt. #, etc.

Ste 301

City & State

Tallahassee, FL

Zip

32301

Country

USA

3. Mailing Office Address

301 S. Bronough St.

Suite, Apt. #, etc.

Ste 500

City & State

Tallahassee FL

Zip

32301

Country

USA

CR2E041 (1/14)

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

2/24/08

6. FEI Number

26-211371

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 Richard Reeves

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

301 S. Bronough St.

Apt. #, Etc

Ste. 500

City

Tallahassee

State

FL

Zip Code

32301

400287147034  
06/21/16--01039--015 \*\*\$77.50

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

Date 6/13/16

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
MR.	Richard Reeves	301 S. Bronough St #500	Tallahassee FL 32301
MR.	Mark Maxwell	111 N. Calhoun St #6	Tallahassee FL 323
	REINSTATEMENT		S. HAWKES
			JUN 22 A.M.
	2015-2016		EXAMINER

11. E-mail Address:

lindsay.mcgee@gray-robinson.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 requirement 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 in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Date 6/13/16

Daytime Phone #

850 445 0622

Typed or printed name of signing authorized representative/member