

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2011 OCT 14 AM 8:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L08000057671

1. Limited Liability Company's Name

IN DEPTH DRILLING LLC

CR2E041 (1/11)

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

2701 Packard Ave

Suite, Apt. #, etc.

3. Mailing Office Address

(same)

Suite, Apt. #, etc.

City & State

Oviedo, FL

City & State

Zip Country

32765 USA

Zip Country

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

27-1244949

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

Michael Hodge

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

2701 Packard Ave.

Suite, Apt. #, Etc.

City
Oviedo

State

FL

Zip Code

32765

E-mail Address:

600213382196

09/13/11--01022--010 **135.00

600213382196

10/17/11--01002--003 **381.25

Aandm976@bellsouth.net
(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

Michael Hodge

Date 10/6/11

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
Mge	Angela Hodge	2701 Packard Ave.	Oviedo, FL 32765

REINSTATEMENT
2009-2011

J. SAULSBERRY
EXAMINER

OCT 17, 2011

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

Angela Hodge

Date 10/6/11

Daytime Phone # 407-977-0057

Typed or printed name of signing Managing Member/Manager

Angela Hodge