

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L08000071600

1. Limited Liability Company's Name

STEADY GROWTH, LLC

FILED

2010 MAY -3 AM 11:16

400175655794
SECRETARY OF STATE
05/04/2010 ALACHUA COUNTY FLORIDA
016 **38.75

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box # 5124 Lake Nina Drive		3. Mailing Office Address 5124 Lake Nina Drive		4. State/Country of Formation	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Date Organized or Qualified To Do Business in Florida	
City & State Orlando, Florida		City & State Orlando, Florida		6. FEI Number <div>Applied For Not Applicable</div>	
Zip 32810	Country USA	Zip 32810	Country USA	7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name

ROBERT S. BROUGHTON

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

5124 Lake Nina Drive

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32810

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

REGISTERED AGENT MUST SIGN

Date

4/22/10

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
MGR/ MEMBER	ROBERT S. BROUGHTON	5124 Lake Nina Drive	Orlando, Florida 32810

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4/19/10 01002 018

REINSTATEMENT

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11. E-mail Address:

(To be used for future annual report notifications)

12. 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.

Signature of

Managing Member/Manager

Date

4/22/10

Daytime Phone #

407-415-4546

Typed or printed name of signing Managing Member/Manager

ROBERT S. BROUGHTON