

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM **FILED**

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2010 APR 28 P 2:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L08000087770**

1. Limited Liability Company's Name

Two Stephens, LLC

700178407487
04/28/10--01005--014 **277.50

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box # 7134 Garner Landing Rd		3. Mailing Office Address (Same)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Holt, FL		City & State	
Zip 32564	Country OKaloosa	Zip	Country

4. State/Country of Formation Florida / OKaloosa	
5. Date Organized or Qualified To Do Business in Florida 9/16/2008	
6. FEI Number 26-3486473	Applied For <input type="checkbox"/> Not Applicable
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 Richard Stephens		
Street Address (P.O. Box Number is Not Acceptable) 7134 Garner Landing Rd.		
Suite, Apt. #, Etc.		
City Holt	State FL	Zip Code 32564

☒ 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

[Signature]

Date **4/21/2010**

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
mgrm	Richard Stephens	7134 Garner Landing Rd.	Holt, FL 32564
mgrm	Kelly Stephens	7134 Garner Landing Rd.	Holt, FL 32564

REINSTATEMENT
09-10
[Signature]

11. E-mail Address: **Kelly.g.Stephens@aol.com**
(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

[Signature]

Date **4/21/10**

Daytime Phone # **850-375-4200**

Typed or printed name of signing Managing Member/Manager **Kelly Stephens**