

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

12 JAN 13 PM 1:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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01/13/12--01016--015 **516.25

CR2E041 (1/11)

DOCUMENT # L08000094486

1. Limited Liability Company's Name

Deer Track Blades, LLC

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

4023 Bloxham Cutoff Rd.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Crawfordville, FL

City & State

Zip

32327

Country

US

Zip

Country

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

10/06/2008

6. FEI Number

261597722

☐ 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

Joseph E Page

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

4023 Bloxham Cutoff

Suite, Apt. #, Etc.

City

Crawfordville

State

FL

Zip Code

32327

E-mail Address:

Deertrack17@yahoo.com
(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

[Signature]

REGISTERED AGENT MUST SIGN

Date 1/13/12

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
MGR	Michele Baggett	4023 Bloxham Cutoff Rd.	Crawfordville, FL 32327

REINSTATEMENT

2010-2012

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

[Signature]

Date 1/12/12 Daytime Phone # 850 778-6485

Typed or printed name of signing Managing Member/Manager

L Hampton JAN 13 2011