

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

10 FEB 10 PM 4:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

L08000099443

1. Limited Liability Company's Name

Earth Outreach International LLC

300167914583  
02/03/10--01039--011 \*\*282.50

CR2E041 (11/09)

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

313 Dirksen Drive

Suite, Apt. #, etc.

Building D Suite K

City & State

De Bary FL

Zip

32713

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified  
To Do Business in Florida

8/27/2008

6. FEI Number

94-3448284

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

Phillip Valentine

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

2713 W Covington Drive

Suite, Apt. #, Etc.

Deltona, FL

City

3

State

FL

Zip Code

32738

☒ 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

Phillip Valentine A.R.

REGISTERED AGENT MUST SIGN

Date 2.10.10

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
member	Phillip Valentine	2713 W Covington Dr	Deltona, FL 32738
member	Nalani Deborah Swift	2713 W Covington Dr	Deltona, FL 32738

11. E-mail Address:

info@earthoutreachinternational.org

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

2/10/10

Daytime Phone #

386.456.9279

Typed or printed name of signing Managing Member/Manager