

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

12 AUG -6 AM 11:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L08000101418

1. Limited Liability Company's Name

Larry K. White, LLC

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

1501 E. PARK AVE

Suite, Apt. #, etc.

A

City & State

Tallahassee, FL

Zip

32301

Country

USA

3. Mailing Office Address

1501 E. PARK AVE

Suite, Apt. #, etc.

A

City & State

Tallahassee, FL

Zip

32301

Country

USA

REINSTATEMENT 10-12

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

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

Larry K White

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

1501 East Park Ave

Suite, Apt. #, Etc.

A

City

Tallahassee

State

FL

Zip Code

32301

E-mail Address:

Larry K White @/KWhite.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

Larry K White

Date

08/06/12

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
MG RM	LARRY K. WHITE	1501 E. PARK AVE, Suite A	Tallahassee FL 32301

800238206678
08/06/12--01001--024 **\$16.25

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

Larry K. White

Date

08/06/12

Daytime Phone #

850-597-3230

Typed or printed name of signing Managing Member/Manager