

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L09000008370

1. Limited Liability Company's Name

John Austin Ashley III, LLC

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

3403 Coconut Grove Road

Suite, Apt. #, etc.

3. Mailing Office Address

Same as Principal

Suite, Apt. #, etc.

City & State

Land O Lakes, FL

City & State

Zip

33639

Country

USA

Zip

Country

8. Name and Address of Current Registered Agent

Name

John Austin Ashley III

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

3403 Coconut Grove Road

Suite, Apt. #, Etc.

City

Land O Lakes,

State

FL

Zip Code

33639

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

E-mail Address:

300195187003
02/21/11--01003--004 **377.50

austinaashley76@gmail.com
(To be used for future annual report notices)

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	John Austin Ashley III	3403 Coconut Grove Road	LAND O LAKES, FL 33639

REINSTATEMENT 2010-2011

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

Typed or printed name of signing Managing Member/Manager

Date

2-1-11

Daytime Phone #

813-817-9224

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 FEB 18 AM 8:29

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