

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT

2012-2017



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

17 MAY 19 PM 12:22

DOCUMENT # L090000012813

1. Limited Liability Company's Name

Indefinite Domain LLC

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

3535 Peachtree Rd NE

Suite, Apt. #, etc. Suite
520-309

City & State

Atlanta, GA

Zip

30326

Country

USA

3. Mailing Office Address

3535 Peachtree Rd NE

Suite, Apt. #, etc. Suite
520-309

City & State

Atlanta, GA

Zip

30326

Country

USA

4. State/Country of Formation

500299482755

05/19/17-01013-004 ***932.50

Florida

5. Date Organized or Qualified
To Do Business in Florida

2/9/2009

6. FEI Number

26-4217237

☐ 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

Footman Law Firm P.A.

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

1695 Metropolitan Circle

Suite, Apt. #, Etc.

Suite 3

City

Tallahassee

State

FL

Zip Code

32308

E-mail Address:

Services@indefinite-
domain.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 605, F.S.

Signature of
Registered Agent

Date

5/19/17

REGISTERED AGENT MUST SIGN

10. Names and Addresses of Each Person Authorized to manage the Limited Liability Company

| Titles AMBR/MGR | Name of Authorized Person | Street Address of Each Authorized Person | City / State / Zip |
|--------------------|---------------------------|--|--------------------|
| OWNER /MGR | Bruce Meeks, Jr. | 3535 Peachtree Rd NE Suite 520-309 | Atlanta, GA 30326 |
| | | | |
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11. I certify that I am an authorized person empowered to execute this application as provided for in Chapter 605, 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 Chapter 605, 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
Authorized Person

Date

5/18/17

Daytime Phone #

(850) 510-
6393

Typed or printed name of signing Authorized Person

K. ASHTON