

2010 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2010 DEC 16 PM 1:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # L09000020311				1. Entity Name CADILLAC JOE PROMOTIONS LLC	
Principal Place of Business 2114 PAT THOMAS PARKWAY QUINCY, FL 32351			Mailing Address 106 WESTLINE ST QUINCY, FL 32352		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address 5616 old Hickory lane		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State Tallahassee FL		
Zip	Country	Zip	Country	4. FEI Number	
32303				12162010 REIN-LLC CR2E101 (1/07)	
6. Name and Address of Current Registered Agent NELSON, JOE E 106 WESTLINE ST QUINCY, FL 32352				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>Joe E. Nelson</i> (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$238.75 After January 1, 2011, Fee will be \$377.50			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR NELSON, JOE E. 106 WESTLINE ST QUINCY, FL 32352	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	400188743354 12/16/10--01020--008 **238.75	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	REINSTATEMENT 2010	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	J. SAULSBERRY EXAMINER	
			DEC 16 2010		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <i>Joe E. Nelson</i> 12-16-10					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					