

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

14 JAN 24 PM 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Limited Liability Company's Name

John H Anderson LLC L09000078338

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

4166 Arrow Ave

Suite, Apt. #, etc.

City & State

Sarasota, FL

Zip

34232

Country

USA

3. Mailing Office Address

4166 Arrow Ave

Suite, Apt. #, etc.

City & State

Sarasota, FL

Zip

34232

Country

USA

4. State/Country of Formation

Florida/Sarasota

5. Date Organized or Qualified
To Do Business in Florida

8/14/2009

6. FEI Number

☐ Applied For

☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

CR2E041 (12/13)

8. Name and Address of Current Registered Agent

Name

John H Anderson

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

4166 Arrow Ave

Suite, Apt. #, Etc.

City

Sarasota

State

FL

Zip Code

34232

E-mail Address:

500255444415
01/09/14--01027--001 **238.75

john@artandawe.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

John H. Anderson
REGISTERED AGENT MUST SIGN

Date

1/7/2014

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 |
|--------------------|---------------------------|--|--------------------|
| mgr- | John H Anderson | 4166 Arrow Ave | Sarasota, FL 34232 |
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JAN 27 2014

L. GELLERS

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

John H. Anderson
John H. Anderson

Date

1/7/2014

Daytime Phone 941-371-2389

Typed or printed name of signing Authorized Person