

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

13 FEB 13 PM 3:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Limited Liability Company's Name

LO9000111832

Ready to Expand LLC

02/13/13--01007--018 \*\*325.00

700244701747  
02/13/13--01007--021 \*\*1.00  
CR2E041 (1/11)

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

470 Haffye Drive

Suite, Apt. #, etc.

Greenville, Florida

City & State

32331

Zip

Country

3. Mailing Office Address

PO BOX 57

Suite, Apt. #, etc.

City & State

MONTICELLO, Florida

Zip

Country

32344

Jefferson

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

11.19.2009

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

Tiawana Mutch Miller

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

470 Haffye Drive

Suite, Apt. #, Etc.

Greenville, Florida 32331

City

State

Zip Code

FL

E-mail Address:

700244701747  
02/13/13--01007--019 \*\*330.00

(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

Tiawana Meller

Date

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

| Titles | Name of<br>Managing Members/ Managers | Street Address of Each<br>Managing Member/ Manager | City / State / Zip        |
|--------|---------------------------------------|--|---------------------------|
| mgrm   | Tiawana mutch miller                  | 470 Haffye Drive                                   | Greenville, Florida 32331 |
|        |                                       |  |                           |
|        |                                       |  |                           |
|        |                                       |  |                           |
|        |                                       |  |                           |
|        |                                       |  |                           |

02/13/13--01007--020 \*\*4.00

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

Tiawana Meller

Date

02-13-2013

Daytime Phone #

850-408-8447

Typed or printed name of signing Managing Member/Manager