

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

14 FEB 14 AM 11:52

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 610000001064

1. Limited Liability Company's Name

Carshaw Customs LLC

CR2E041 (12/13)

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

3206 B West Tennessee St

Suite, Apt. #, etc

3. Mailing Office Address

Suite, Apt. #, etc.

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

1/5/10

6. FEI Number

37-157-1929

☐ Applied For
☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

City & State

Tallahassee FL

City & State

Zip

Country

Zip

Country

32304

US

8. Name and Address of Current Registered Agent

Name Jaron Pridgen

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

4933 Leah Ln.

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32303

E-mail Address:

900256765129
02/14/14--01006--008 **516.25

CarshawCustoms@gmail.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

Jaron Pridgen
REGISTERED AGENT MUST SIGN

Date 2-14-14

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
<u>MGR</u>	<u>James Pridgen</u>	<u>2925 Park St.</u>	<u>Marianna, FL 32448</u>

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

Jaron Pridgen

Date 2-14-14

Daytime Phone #

Typed or printed name of signing Authorized Person