

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 FEB 18 AM 8:41

DOCUMENT # 610-2691

1. Limited Liability Company's Name

ACUMEN CORPS, LLC

CR2E041 (11/10)

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

4830 Soundside Dr

Suite, Apt. #, etc.

3. Mailing Office Address

4830 Soundside Dr

Suite, Apt. #, etc.

City & State

Gulf Breeze, FL

City & State

Gulf Breeze, FL

Zip

32563

Country

USA

Zip

32563

Country

USA

4. State/Country of Formation

FLORIDA / USA

5. Date Organized or Qualified
To Do Business in Florida

8-2010

6. FEI Number

26-3429561

☒ 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

James A. Willobee

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

4830 Soundside Drive

Suite, Apt. #, Etc.

City

Gulf Breeze, FL

State

FL

Zip Code

32563

700244854957
02/13/13--01004--001 **382.50

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

2/11/13

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MEM	James A. Willobee	4830 Soundside Dr	Gulf Breeze, FL 32563

REINSTATEMENT 2012, 2013

11. E-mail Address:

jawit@mindspring.com
(To be used for future annual report notifications)

12. I certify that I am a 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

[Signature]

Date

2/11/13

Daytime Phone #

850-934-4104

Typed or printed name of signing Managing Member/Manager

James A. Willobee

FEB 13 2013

T HAMPTON

James Willobee
ACUMENCORPS, LLC
4830 Soundside Drive
Gulf Breeze, FL 32563

State of Florida
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

11 February, 2013

Dear Sir/Madam:

I presume my original check (#1470), which has been cashed and cleared on 1/28/13, will be applied toward my total outstanding payments for reinstatement of ACUMENCORPS, LLC and updating the annual reports through 2013.

I am remitting a check for the \$377.50 which I still owe, plus an additional \$5 for Certificate of Status totaling \$382.50.

Please forgive me for the inconvenience, thank you sincerely for your understanding in this matter.

Kind Regards,

A handwritten signature in black ink, appearing to read 'J Willobee', with a large, stylized initial 'J'.

James A. Willobee

Executive Founding Member

ACUMENCORPS, LLC