

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED

14 JAN 28 PM 4:42

SECRETARY OF STATE
 TALLAHASSEE FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT
 2012-2014



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # L10000013766

1. Limited Liability Company's Name
 Carol M. Heide & Associates, LLC
 225 Heide Lane
 Havana, FL 32333

2. Principal Office Address - No P.O. Box # 225 Heide Lane Suite, Apt. #, etc.		3. Mailing Office Address 225 Heide Lane Suite, Apt. #, etc.	
City & State Havana, FL		City & State Havana, FL	
Zip 32333	Country Gadsden	Zip 32333	Country Gadsden

4. State/Country of Formation
 Florida/Gadsden

5. Date Organized or Qualified To Do Business in Florida
 3/29/2011

6. FEI Number
 80-0536119

Applied For	Not Applicable
-------------	----------------

7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status

CR2E041 (1/14)

8. Name and Address of Current Registered Agent

Name
 Carol M. Heide

Street Address (P.O. Box Number is Not Acceptable)
 225 Heide Lane
 Suite, Apt. #, Etc.

City
 Havana

State
 FL

Zip Code
 32333

700256128817
 01/29/14--01001--019 **\$16.25

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 Carol M. Heide Date 1.28.14

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
MGR	Carol M. Heide	225 Heide Lane	Havana, FL 32333

11. E-mail Address: caroleheide@gmail.com
 (To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager Carol M. Heide Date 1/27/2014 Daytime Phone # 850.228.8416

Typed or printed name of signing Authorized Representative/Manager Carol M. Heide, MGR