PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FOR

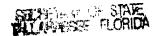
LIMITED LIABILITY
COMPANY
2012- 2014



FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

14 JAN 28 PM 4: 42



DOCUMENT	#	L100000	13	76(٥
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1. Limited Liability Company's Name

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

Carol M. Heide & Associates, LLC 225 Heide Lane Havana, FL 32333

	— CR2E041 (1/1-
	01/22011 (1/1
ailing Office Address	

225 Heide Lane		225 Heide	225 Heide Lane		State/Country of Formation Florida/Gadsden		
Suite, Apt. #, etc		Suite, Apt #, etc.	Suite, Apt #, etc.				
<u></u>				5. Date Organi To Do Busir 3/28/2011	ized or Qualified ness in Florida		
•		City & State		6. FEI Number		Applied For	
Havan	a, FL	Havana,			2536119	Not Applicable	
Zıp	Country	Zip	Country	7.	· · · · · · · · · · · · · · · · · · ·	Additional Fee required	
32333	Gadsden	32333	Gadsden	CERTIFICATE OF		a Certificate of Status	
	8. Name and Addr	ess of Current Register	red Agent				
Name	Liniala			ī			
Carol M.							
225 Heic	fress (P.O. Box Number is Not Accepted to the Lane	otable)					
Suite, Apt							
,					002561280 71401001019	317	
_{City} Havana			State Zip Code FL 32333		\1401001013	₹%51 5. 25	
9. I, being	appointed the registered agent of th	e above named limited li	ability company, am familiar with a	and accept the obliga	tions of Chapter 605, F.S.		
Signature d	1 12 12				100		
Registered					Date 1.28.	14	
		REGISTERED AGEN	IT MUŞT SIĞN				
10. Nam	es and Street Addresses of Authorize	ed Representatives/Mana	agers				
Titles	Name of Authorized Represent Managers	atives/		Street Address of Each Authorized Representative/ Manager		te / Zip	
MGR	Carol M. He	eide	225 Heide Lane		Havana, FL 32333		
•							

11.	E-mail Address:	caro	lehi	eide	(മ) an	nail cor	m

(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.

Date 1/27/2014

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

Authorized Representative/Manager