

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2014 JAN 2 AM 9:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 210000026018

1. Limited Liability Company's Name
SOYBRITE CANDLE COMPANY, LLC

CR2E041 (12/13)

2. Principal Office Address - No P.O. Box # 1557 77TH AVE N		3. Mailing Office Address PO BOX 56685	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State SAINT PETERSBURG, FL		City & State SAINT PETERSBURG, FL	
Zip 33702	Country USA	Zip 33732	Country USA

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified To Do Business in Florida
03/09/2010

6. FEI Number
272102284

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

Applied For
Not Applicable

8. Name and Address of Current Registered Agent

Name
G. FRANK MEEKINS

Street Address (P.O. Box Number is Not Acceptable)
1557 77TH AVE N

Suite, Apt. #, Etc.

City
SAINT PETERSBURG

State
FL

Zip Code
33702

E-mail Address:
600255166956
01/02/14--01012--009 **238.75

frank@mysoybrite.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 *G. Frank Meekins* Date 12/30/13

REGISTERED AGENT MUST SIGN

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
MGRM	G. FRANK MEEKINS	1557 77TH AVE N	SAINT PETERSBURG, FL 33702
MGRM	TIMOTHY HUFF	1557 77TH AVE N	SAINT PETERSBURG, FL 33702
REINSTATEMENT			
2013-13			

S. HAWKES
JAN - 3 AM.
EXAMINER

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 *G. Frank Meekins* Date 12/30/13 Daytime Phone # 813-404-4516

Typed or printed name of signing Authorized Person _____