

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2011 OCT 17 PM 12:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L10000065210

1. Limited Liability Company's Name

SPLITZ LI, LLC

CR2E041 (1/11)

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

2010 Dundee Road

Suite, Apt. #, etc.

3. Mailing Office Address

2010 Dundee Road

Suite, Apt. #, etc.

City & State

Winter Haven, FL

City & State

Winter Haven, FL

Zip

33884

Country

USA

Zip

33884

Country

USA

4. State/Country of Formation

Florida/ US

5. Date Organized or Qualified
To Do Business in Florida

June 18, 2010

6. FEI Number

NONE

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

Mark G. Turner

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

255 Magnolia Avenue, Southwest

Suite, Apt. #, Etc.

City

Winter Haven

State

FL

Zip Code

33880

E-mail Address:

300213387173
10/17/11--01062--013 **293.75

(To be used for future annual report notices)

9. I, being appointed the registered agent of the above named limited liability company, do hereby accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN MARK G. TURNER

Date **10/18/2011**

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
MGRM	Michael Ducat	2010 Dundee Road	Winter Haven, FL 33884
MGRM	Paul Barkley	5440 WEST PARKVIEW	GLENDALE, AZ 85310

REINSTATEMENT

10-18-11

11. I certify that I am 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 608.408, 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

Date **10/18/2011** Daytime Phone # **863-294-3295**

Typed or printed name of signing Managing Member/Manager