

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

16 OCT 13 PM 4:10

DOCUMENT # L10000104910

1. Limited Liability Company's Name
God Family and Country LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box # 5210 Overseas Hwy Suite, Apt. #, etc.		3. Mailing Office Address 5210 Overseas Hwy Suite, Apt. #, etc.	
City & State Key West, FL		City & State Key West, FL	
Zip 33040	Country USA	Zip 33040	Country USA

8. Name and Address of Current Registered Agent

Name
Curtis, Robert P

Street Address (P.O. Box Number is Not Acceptable) Suite,
1213 14th Street
Apt. #, Etc.

City
Key West

State
FL

Zip Code
33040

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 10/06/2010	
6. FEI Number 27-3590718	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a certificate of status	

my email:
SOUTHERNMOSTREBEL@gmail.com
400291186644
10/12/16--01027--002 **\$5.00
400291186644
10/12/16--01027--001 **238.75

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 [Signature] Date 10-9-16
representative/member Robert P Curtis 3N

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	Curtis, Robert P.	1213 14th Street	Key West, FL 33040

REINSTATEMENT
2016

11. E-mail Address: southernmostrebel@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 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 requirement 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 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 representative/member [Signature] Date 10-9-16 Daytime Phone # 305-396-7371
Typed or printed name of signing authorized representative/member Robert P Curtis