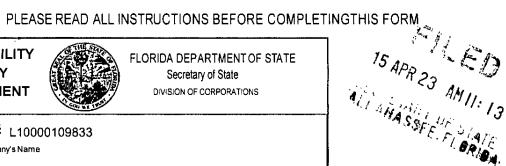
LIMITED LIABILITY								
COMPANY								
REINSTATEMENT								

Signature of authorized representative/member.

Typed or printed name of signing authorized representative/member Harold H. White III





Date 04-22-2015 Daytime Phone # 850-585-0536

							1 44	29/13	
DOCUMENT # L10000109833 1. Limited Liability Company's Name							,	ASSFE FLORIE	
Terry Air, LL	.C						İ	77.	
•									
Principal Office Address - No P.O. Box# 3. Mailing Office Address							-	CR2E041 (1/14)	
· · · · · · · · · · · · · · · · · · ·					d Boulevard				
Suite, Apt. #, etc Suite, Apt. #,				e(c.			4. State/Count Florida	ry of Formation	
Suite 206 Suite 20							5 Date Organized or Qualified		
City & State City & State							To Do Business in Florida 10/20/2010		
Miramar Bea	1 '	Miramar Beach, FL			6. FEI Number Applied For				
Zip Country			Zip	·		untry	30-0650018		Not Applicable
32550		USA	32550		- 1	SA	7. CERTIFICATE OF	STATUSDESIRED 55.00 Add for a certi	Itional Fee required ficate of status
	-	8. Name and Add	ress of Current Reg	istered Ag	ent		1		
Name									
Ruth Laws T		ell umber is Not Acceptable)	Cuita				_		
430 Seacres			Sulle,				ļ		
Apt. #, Etc							1 20	002721526 3/1501029003	362
					1.	T = -	04/2	3/1501029003	**377 . 50
City Panama City Beach						Zip Code 32413			
				4 P - 1 - 1 4					
9. I, being api	ointed th	ne registered agent of the	e above named limited	liability co	mpany,	am familiar with and a	ccept the obligations	•	
Sgnature of Registered Agent Rush Transmall							Date 04-22-2015		
·			REGISTERED AGE	NT MUST SI	GN				
10. Names and	Street Ac	dresses of Authorized Re	epresentatives/Manag	ers					
Titles	Name of Authorized Representatives/ Managers			Street Address of Each Authorized Representative/ Manager				City / State / Zip	
MGR	Harold H. White III			495 Grand Boulevard, Suite 206			Suite 206	Miramar Beach, FL 32550	
		REINS	TATE		1 +-			_	
			LAIL	VIL	N	<u> </u>		S. HAWKE	S
	1							APR 2 4 A.M.	
	$\overline{}$	011	\sim	1				Ark 2 4	A.M.
1014-2015							EXAMINER		
11 E-mail Addr	_{ess} Ba	abe.Trammell@g	mail.com	<u> </u>				<u> </u>	
40 1						ire annual report notifical		a provided for it Objects 200	F C 16. db a-
certify that whe 605,0012, F.S., shall have the s	n filing th and that ame leg	nis reinstatement applications that the line is all fees owed by the line	ation the reason for o	tissolution I ny have bes	has bee	en eliminated, the limi . The information indi	ted liability compan cated on this applic	is provided for in Chapter 605, if y name satisfies the requireme attention is true and accurate, and attention of State constitutes a thing.	nt of section my signature