PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
2013 FEB 14 PM 3:21
SECRETARY OF STATE
TALLAHASSEE FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L11000053516

800243916018
01/28/13--01031--028 **138.75

CR2E041 (1/11)

1. Limited Liability Company's Name
MOJO TALLY 1, LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
2870 APALACHEE PARKWAY		2870 APALACHEE PARKWAY	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
TALLAHASSEE, FL		TALLAHASSEE, FL	
Zip	Country	Zip	Country
32301	US	32301	US

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified To Do Business in Florida 05/05/11

6. FEI Number — 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
JOE SINGLETARY

Street Address (P.O. Box Number is Not Acceptable)
2870 APALACHEE PARKWAY

Suite, Apt. #, etc.

City	State	Zip Code
TALLAHASSEE	FL	32301

E-mail Address:

800243916018
02/14/13--01008--002 **238.75

JOE@SINGBROS.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 608, F.S.

Signature of Registered Agent Joe P Singletary Date
REGISTERED AGENT MUST SIGN

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
MGR	STEVEN GREEN	2870 APALACHEE PARKWAY	TALLAHASSEE, FL 32301

REINSTATEMENT 12-13
DB

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 608.405, 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 Joe P Singletary Date 2/8/13 Daytime Phone #

Typed or printed name of signing Managing Member/Manager