

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

17 FEB -9 AM 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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02/09/17--01003--010 **377.50

DOCUMENT # L11000082931

1. Limited Liability Company's Name

Mud Work L.L.C

CR2E041 (12/13)

2. Principal Office Address - No P.O. Box #
2131 Berkshire Dr

Suite, Apt. #, etc.

City & State
Tallahassee

Zip Country
32304 Leon

3. Mailing Office Address
2131 Berkshire Dr

Suite, Apt. #, etc.

City & State
FL Tallahassee

Zip Country
32304 Leon

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

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
Dessie Franklin

Street Address (P.O. Box Number is Not Acceptable)
2131 Berkshire Dr

Suite, Apt. #, Etc.

City
Tallahassee

State Zip Code
FL 32304

E-mail Address:

(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 *[Signature]*

Date 2/9/17

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
MGR	Dessie Franklin	2131 Berkshire Dr Tallahassee FL	Tallahassee FL 32304

REINSTATEMENT

12/16

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 *[Signature]*

Date 2/9/17

Daytime Phone # 850.778.0055

Typed or printed name of signing Authorized Person