

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
FILED

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

14 JUL 23 PM 4:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012-2014

DOCUMENT # L11000086551

1. Limited Liability Company's Name

STEPHEN ALLEN TODD LLC

[Handwritten Signature]

CR2E041 (1/14)

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

2305 KILLEBURN CT Blvd

Suite, Apt. #, etc.

D73 D-73

City & State

Tallahassee FL 32309

Zip

32309

Country

Leadi

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

4. State/Country of Formation

FL Leadi

5. Date Organized or Qualified To Do Business in Florida

7-27-11

6. FEI Number

45-3827502

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

Michael Jones

Name

2305 Killeburn Ct Blvd

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

D73

Suite, Apt. #, Etc.

Tallahassee

City

FL

State

Zip Code

32309

000262613540
07/24/14--01001--009 **521.25

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

[Handwritten Signature: Michael Jones]

Date

7-23-14

REGISTERED AGENT MUST SIGN

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
AMBR	LORHELLE S JONES	1595 S.E. 16th AVE	Gainesville FL 32641
AMBR	Michael Jones	2305 Killeburn Ct Blvd Apt D73	Tallahassee FL 32309

11. E-mail Address: Alpha 3 Dom @ AOL.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 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 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

[Handwritten Signature: Michael Jones]

Date

7-23-14

Daytime Phone #

352-219-7195

Typed or printed name of signing Authorized Representative/Manager