PLEASE READ		UCTIONS	BEFORE	COMPLET	ING THIS FO	RM.	
LIMITED LIABILITY COMPANY REINSTATEMENT				FILED 14 APR 28 PM 1:45			
DOCUMENT # L11000/30163				SECRETARY OF STATE TALLAHASSI'E, FLORIDA			
1. Limited Liability Company's Name B Potholic Free Franchisins LLC					LL 6110.300 233		
				1			
2. Principal Office Address - No P.O. Box # 3. Mailing Office Address				CR2E041 (1/14)			
13318 105 Kin pl. Suite Apt. #. etc.	/33/F Suite, Apt. #, etc.				State/Country of Formation		
				5. Date Organized or Qualified To Do Business in Florida			
City & State Lakewood Ranch FL	City & State	Kinsond Farmel 6. FEI			umber Applied For -38814429 Not Applicable		
Zip Country Zip Country 34202 VSA 34202 USA			1	7. CERTIFICATE OF STATUS DESIRED S5.00 Additional Fee required for a Certificate of Status			
8. Name and Address of Current Registered Agent							7
Name Jomes G Druffrak Street Address (P.O. Box Number is Not Acceptable)				600258935656 04/25/1401036031 **138.75 600258935656 04/11/1401026021 **100.00			
13318 LOST Ken pl,							
City LXKWODd Raroh State Zip Code FL 34202							
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and Signature of Registered Agent					itions of Chapter 605, Date	F.S. 14	
10. Names and Street Addresses of Authorized F	epresentatives/Mana	gers			· · · · · · · · · · · · · · · · · · ·	·····	
Titles Name of Authorized Representativ Managers	es/	Street Address of Each Authorized Representative/ Manager				City / State / Zip	
War. James G. Dru	Frak 13	13318 lost Ken pl. 2386 ringtons Blod			lakenood	Fank El.34 Pl. 34/237	252
My Steve Alexand	lar 23	st ring	strs Bir	al	Sarwola	Pl. 34237	<u>, </u>
					APR 2 9 2014	•	
REINSTATEM	(ENT 7	2014		· · · · · · · · · · · · · · · · · · ·	L. SELLER	8	
11. E-mail Address: JONN Fraz	ADI.CO	be used for future a	nnual report notificat	ions)		••••••••••••••••••••••••••••••••••••••	
12. I certify that I am an authorized representative/ when filing this reinstatement application the reasor that all fees owed by the limited liability company ha as if made under oath. I am aware that false inform Signature of Authorized Representative/Manager	manager or the receiv for dissolution has be ive been paid, The inf	er or trustee emperent or trustee emperemented the emperemented of the emperement of States of the emperement of the emperemented of the emper	owered to execute e limited liability c d on this application ate constitutes a t	e this application a ompany name sati on is true and accu hird degree felony	sfies the requirements rate, and my signature as provided in s. 817.	of section 605.0012. F.S., shall have the same lega	, and Il effect
Typed or printed name of signing Authorized Repres	entative/Manager	J.m.	Onufra	ĸ			