


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

Amended  
File

16 JUN 27 PM 3:25

SECRET  
TALLAHASSEE FLORIDA

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L120000010940

1. Limited Liability Company's Name

Richard Carns LLC

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

9055 Alicia Ct.

Suite, Apt. #, etc.

3. Mailing Office Address

9055 Alicia Ct

Suite, Apt. #, etc.

City & State

Tall FL

City & State

Tall FL

Zip

32305

Country

USA

Zip

32305

Country

USA

8. Name and Address of Current Registered Agent

Name Richard Carns

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

9055 Alicia Ct.

Apt. #, Etc.

City

Tall

State

FL

Zip Code

32305

CR2E041 (1/14)

4. State/Country of Formation

Leon

5. Date Organized or Qualified To Do Business in Florida

1-24-12

6. FEI Number

Applied For

☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required for a certificate of status

700281478937

01/27/16--01006--014 \*\*377.50

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]

REGISTERED AGENT MUST SIGN

Date 1-27-16

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
<u>MEM</u>	<u>Michelle Carns</u>	<u>9055 Alicia Ct.</u>	<u>Tall FL 32305</u>
<u>MEM</u>	<u>Richard Carns</u>	<u>"</u>	<u>"</u>

11. E-mail Address: richcarns@gmail.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 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 requirement 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 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 representative/member

[Signature]

Date

1-27-16

Daytime Phone #

852-556-4046

Typed or printed name of signing authorized representative/member

M. Carns