## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY
COMPANY
REINSTATEMENT

DOCUMENT # L12000026221



## FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

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SEURETARY OF STATE TALL AHASSEF, FLORIDA

1. Limited	Liability Comp	any's Name						1	CALL COMING		
BRYAN1	DISTRIE	UTORS LI	LC					1			
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			,					1			
Principal Office Address - No P.O. Box # 3, Visiting Office Address								CR2E041 (1/14)			
316 Hele	n Ave			316 HELEN AVE				4. State/Country of Formation			
Suite, Apt	t etc		<del></del>	Suite, Apt. #, etc.				FLORIDA			
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-, <b>o</b> tc		1					5. Date Organ	Date Organized or Qualified     To Do Business in Florida     O2/23/2012		
				City & State				To Do Busir			
City & State				*	CITY FI			6. FEI Number Applied For			
Panama	City, FL			PANAMA	CHY, FL			45-4624	694	Not Applicable	
Zip		Country		Zip		Cou	ntry	7. CERTICICATE OF	7. CERTEICATE OF STATUS DESIRED 55.00 Additional Fee requir		
32401	32401 USA			32401		US	SA .	Care walk of Child Desired Control of the Control of States			
-		8. Names	nd Address	of Current Reg	istered Age	at					
Name								-			
		SERVICE C						_			
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City						late	Zip Code 32301	1016-5432			
TALLAH	ASSEE			·		FL .	32301	$\perp \cup$	14 01	<u> </u>	
9. (, beir	ng appointed t	ne registered ago	ont of the above	re named limited	l liability comp	oany, a	m familiar with and ac	cept the obligation	s of Chapter 605, F.S.		
Signature	of	1. 11	11 =	9- H-7	<del></del>		Melissa !	Zender	1/2/	166	
Registered Agent REGISTERED AGENT MUST SIGN ASSL. VICE PT								Precident	Date	1100	
<del></del>				EGISTERED AGE	THI MUSI SIGN	· 	Addt. VICC	1 Testaent			
10. Name	s and Street A	dresses of Author	orized Represo	ntatives/Manage	ers				·		
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11. 6.11100	בו נפונוטות	DAUM II	CITU				annual report nooficati	ioris)			
12. I certif	y that I am an	authorized repr	esentative/ m	anager or the r	eceiver or tru	stee e	mpowered to execut	e this application a	as provided for in Chapter 605	5, F.S. I further	
certify that when fiting 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 once, I am aware that false information submitted in a document to the Department of State constitutes a third degree								third degree			
felany as provided for in s. 817.155, F.S.							1-17.11	arn.	20000		
Signature	of authorized	representative/	member	un~1	7/- 100V.		Date	0 V 160	aytime Phone # <u>850 - S</u>	110-08 20	
Typed or p	orinted name	of signing autho	rized represe	ntative/member	Paul Bry	ant					



## FLORIDA DEPARTMENT OF STATE Division of Corporations

January 26, 2016

CORPORATION SERVICE COMPANY

Please give original submission date as file date.

SUBJECT: BRYANT DISTRIBUTORS LLC

Ref. Number: W16000005432

We have received your document for BRYANT DISTRIBUTORS LLC and the authorization to debit your account in the amount of \$377.50. However, the document has not been filed and is being returned for the following:

The fees to reinstate the limited liability company are as follows: \$100.00 reinstatement fee; \$138.75 filing fee per year for the years through 2016;and \$5.00 for each certificate of status requested (optional). Therefore, the total amount due at this time is \$516.25.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Suzanne Hawkes Regulatory Specialist II

Letter Number: 316A00001705

DEPARTMENT OF STATE

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT	NO	•	I20000000195
110000111	110.	•	

REFERENCE: 959808 7873580

AUTHORIZATION :

COST LIMIT : SARIESELEMAN

ORDER DATE: January 15, 2016

ORDER TIME : 12:13 PM

ORDER NO. : 959808-010

CUSTOMER NO: 7873580

## DOMESTIC FILINGS

NAME: BRYANT DISTRIBUTORS LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender - Ext# 62956

EXAMINER'S INITIALS