

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

15 JAN -8 PM 2:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L12000054349

1. Limited Liability Company's Name

Signs of God, LLC

CR2E041 (1/14)

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

411 Walnut Street

Suite, Apt. #, etc.

#6945

City & State

Grove Cove Springs, FL

Zip

32043

Country

USA

3. Mailing Office Address

411 Walnut Street

Suite, Apt. #, etc.

#6945

City & State

Grove Cove Springs, FL

Zip

Clay

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

04/20/2012

6. FEI Number

45-5106394

☐ 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

James P. Cassidy

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

411 Walnut Street

Suite, Apt. #, Etc.

#6945

City

Green Cove Springs

State

FL

Zip Code

32043

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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

REGISTERED AGENT MUST SIGN

Date

11/1/14

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
Mgr.	James P. Cassidy	411 Walnut Street, #6945	Green Cove Springs, FL 32043

11. E-mail Address: amanda@preposterousholdings.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

Date

11/1/14

Daytime Phone #

James P. Cassidy

Typed or printed name of signing Authorized Representative/Manager