

# 2015 LIMITED LIABILITY COMPANY REINSTATEMENT

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SEAL OF THE STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L12000111935					
1. Entity Name MOONSTONE ENTERPRISES, L.L.C.					
Principal Place of Business 4445 HOLLY CIRCLE QUINCY, FL 32351			Mailing Address 4445 HOLLY CIRCLE QUINCY, FL 32351		
2. Principal Place of Business - No P.O. Box # <b>1311 MLK Blvd</b>		3. Mailing Address <b>P.O. Box 133</b>			
Suite, Apt. #, etc. <b>Midway, FL</b>		Suite, Apt. #, etc.			
City & State <b>Florida</b>		City & State <b>Midway, Florida</b>			
Zip <b>32343</b>		Country <b>Gadsden</b>		Zip <b>32343</b>	
		Country <b>US</b>		12032015 REIN-LLC CR2E101 (12/11)	
4. FEI Number <b>37-1719497</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent <b>WHITLOCK, WILLIAM 910 NORTH DUVAL TALLAHASSEE, FL 32301</b>			7. Name and Address of New Registered Agent		
			Name <b>Angela Martin</b>		
			Street Address (P.O. Box Number is Not Acceptable) <b>1311 MLK Blvd</b>		
			City <b>Midway</b> FL Zip Code <b>32343</b>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent.					
SIGNATURE <b>Angela Martin</b>		DATE <b>12/3/15</b>			
(NOTE: Registered Agent signature required when reinstating)					
<b>FILE NOW!!! FEE IS \$238.75 After January 1, 2016, Fee will be \$377.50</b>			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARTIN, ANGELA 340 KITTS LANE MIDWAY, FL 32343	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MBRM Martin, Angela 1311 MLK Blvd Midway, Florida</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>200279720642 12/03/15--01029--006 **238.75</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <b>Angela Martin</b>			DATE <b>12/3/15</b> <b>moonstoneenterprises@gmail.com</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			E-MAIL ADDRESS		