

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

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FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L12000117358

1. Limited Liability Company's Name  
**BALDY'S EXPRESS LLC**

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box # <b>774 MCSWAIN RD</b>		3. Mailing Office Address <b>774 MCSWAIN RD</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>FERNANDINA BEACH, FL</b>		City & State <b>FERNANDINA BEACH, FL</b>	
Zip <b>32034</b>	Country	Zip <b>32034</b>	Country

4. State/Country of Formation  
**FL**

5. Date Organized or Qualified  
To Do Business in Florida  
9/13/2012

6. FEI Number  
**36-4742084**

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 <b>RAULICKIS, TOMAS</b>			
Street Address (P.O. Box Number is Not Acceptable) <b>774 MCSWAIN RD</b>			
Suite, Apt. #, Etc.			
City <b>FERNANDINA BEACH</b>	State <b>FL</b>	Zip Code <b>32034</b>	

**700265574407**  
12/02/14--01026--001 \*\*147.75

**700265574407**  
10/17/14--01025--023 \*\*238.75

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 *Tomas Raulickis*  
REGISTERED AGENT MUST SIGN

Date 10/11/14

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
MGRM	RAULICKIS, TOMAS	774 MCSWAIN RD	FERNANDINA BEACH, FL

**REINSTATEMENT**  
**2013-2014**

*MW 4*

11. E-mail Address:

(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 *Tomas Raulickis*

Date 10/11/14 Daytime Phone 904 557 4084

Typed or printed name of signing Authorized Representative/Manager **RAULICKIS, TOMAS**