

paid ck# 2177

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 28 PM 1:26

SECRETARY OF STATE
ALTAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name

L13000066734

Lamb's Aloha Foods, LLC

CR2E041 (1/14)

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

2907 Thomas Dr

Suite, Apt. #, etc.

3. Mailing Office Address

2907 Thomas Dr

Suite, Apt. #, etc.

City & State

Panama City Beach, FL

City & State

Panama City Beach, FL

Zip

32408

Country

US

Zip

32408

Country

US

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

5/07/2013

6. FEI Number

46-2683868

☐ 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

Brenda K Reagan

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

348 Eagle Dr

Suite, Apt. #, Etc.

City

Panama City Beach

State

FL

Zip Code

32407

100268875201
01/28/15--01034--005 **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

Brenda K Reagan

REGISTERED AGENT MUST SIGN

Date 1/15/14

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	Renae Lamb	9101 Sandra Grace Rd	Southport, FL 32409
MBR	Joshua Lamb	9101 Sandra Grace Rd	Southport, FL 32409
REINSTATEMENT			S. HAWKES
			FEB - 6 A.M.
			EXAMINER

11. E-mail Address: brereagan@aol.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

Renae K. Lamb

Date

1/15/15

Daytime Phone #

(808) 265-7519

Typed or printed name of signing Authorized Representative/Manager Renae Lamb