

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L13000127316

1. Limited Liability Company's Name

Scott and Paige Thourot LLC.

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

1969 SW Panther Trace

Suite, Apt. #, etc.

City & State

Stuart FL

Zip

34997

Country

USA

3. Mailing Office Address

P.O. Box 686

Suite, Apt. #, etc.

City & State

Port Salerno FL

Zip

34992

Country

USA

8. Name and Address of Current Registered Agent

Name

Paige Thourot

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

1969 SW Panther Trace

Apt. #, Etc.

City

Stuart

State

FL

Zip Code

34997

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

Paige Thourot
REGISTERED AGENT MUST SIGN

Date 12-29-15

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
Mngr.	C. Scott Thourot	1969 SW Panther Trace	Stuart FL 34997

11. E-mail Address:

sthourot@live.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 605, 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 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 oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

C. Scott Thourot

Date

12/29/15

Daytime Phone #

(561) 776-8583

Typed or printed name of signing authorized representative/member

C. Scott Thourot

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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