


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2016 OCT 25 AM 9:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L15000025412

1. Limited Liability Company's Name

CAMPUS ESSENTIALS, LLC

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

53A Atlantic Oaks Cir.

Suite, Apt. #, etc.

3. Mailing Office Address

53A Atlantic Oaks Cir.

Suite, Apt. #, etc.

City & State

St. Augustine Beach, FL

City & State

St. Augustine Beach, FL

Zip

32080

Country

USA

Zip

32080

Country

USA

8. Name and Address of Current Registered Agent

Name

The Corneal Law Firm

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

509 Anastasia Blvd.

Apt. #, Etc.

City

St. Augustine

State

FL

Zip Code

32080

CR2E041 (1/14)

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified To Do Business in Florida

2/10/2015

6. FEI Number

Applied For

☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

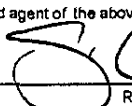
\$5.00 Additional Fee required for a certificate of status

600291569856

10/25/16--01008--003 \*\*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



REGISTERED AGENT MUST SIGN

Date 10/19/2016

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	Matt Spanburg	53A Atlantic Oaks Cir.	Saint Augustine Beach, FL 32080

REINSTATEMENT

OCT 25 2016

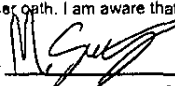
R. HUNT

11. E-mail Address: seth@corneallaw.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



Date 10/19/16

Daytime Phone # 904-404-8930

Typed or printed name of signing authorized representative/member Matt Spanburg