

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

17 JAN 10 PM 2:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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01/10/17--01006--021 \*\*377.50

DOCUMENT # L15000029801

1. Limited Liability Company's Name

Greenway Holdings, LLC

CR2E041 (12/13)

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

253 E. Virginia St

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Tallahassee

City & State

FL

Zip

32301

Country

Leon/USA

Zip

32301

Country

USA

4. State/Country of Formation

FL, USA

5. Date Organized or Qualified  
To Do Business in Florida

02/18/2015

6. FEI Number

☐ 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

Kristy Bauer

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

253 E. Virginia St.

Suite, Apt. #, Etc.

Tallahassee

City

FL

32301

State

FL

Zip Code

E-mail Address:

Kristy.Bauer@hotmail.com

(To be used for future annual report notices)

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

Kristy Bauer

Date 1-10-16

REGISTERED AGENT MUST SIGN

10. Names and Addresses of Each Person Authorized to manage the Limited Liability Company

Titles AMBR/MGR	Name of Authorized Person	Street Address of Each Authorized Person	City / State / Zip
MGR	Michael Bauer	253 E. Virginia St.	Tallahassee FL
MGR	Kristy Bauer	253 E. Virginia St.	Tallahassee 32301

REINSTATEMENT

2016 - 2017

11. I certify that I am an authorized person 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 requirements of Chapter 605, 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 Person

Kristy Bauer

Date

1/10/17

Daytime Phone

(850) 765-1465

Typed or printed name of signing Authorized Person

JAN 10 2017