

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

16 OCT 25 AM 11:30

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L15000073683

1. Limited Liability Company's Name
Battle Solutions LLC

2. Principal Office Address - No P.O. Box #
390 South Tyndall Pkwy

Suite, Apt. #, etc.
#272

City & State
Panama City, FL

Zip Country
32404 USA

3. Mailing Office Address
390 South Tyndall Pkwy

Suite, Apt. #, etc.
#272

City & State
Panama City, FL

Zip Country
32404 USA

CR2E041 (1/14)

4. State/Country of Formation
Florida / USA

5. Date Organized or Qualified
To Do Business in Florida **04/27/2015**

6. FEI Number
32-0465097

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
Curtis P. Weaver

Street Address (P.O. Box Number is Not Acceptable) Suite,
390 South Tyndall Pkwy

Apt. #, Etc.
#272

City State Zip Code
Panama City FL 32404

400291570014
10/25/16--01008--007 **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 *C. P. Weaver*

Date **10/18/2016**

REGISTERED AGENT MUST SIGN

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
AR	Curtis P. Weaver	390 South Tyndall Pkwy #272	Panama City, FL 32404
AR	Dustin D. Richmond	390 South Tyndall Pkwy #272	Panama City, FL 32404

REINSTATEMENT

11. E-mail Address **omegaed@yahoo.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. P. Weaver* Date **10/18/2016** Daytime Phone # **423-580-5505**

Typed or printed name of signing authorized representative/member **Curtis P. Weaver**