

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2017 FEB 17 AM 8:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L15000185604**

1. Limited Liability Company's Name

White Octopus LLC

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

378 1050 Lake Shore Dr

Suite, Apt. #, etc.

Suite 206

City & State

Lake Park FL

Zip

33403

Country

USA

3. Mailing Office Address

3635 Ridge Towne Dr

Suite, Apt. #, etc.

City & State

Duluth Ga

Zip

30096

Country

USA

CR2E041 (1/14)

4. State/Country of Formation

FL/USA

5. Date Organized or Qualified
To Do Business in Florida

11/2/2015

6. FEI Number

47-5508243

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

**\$5.00 Additional Fee required
for a certificate of status**

000295141710
02/17/17--01023--012 **138.75

000295141710
02/03/17--01021--024 **238.75

8. Name and Address of Current Registered Agent

Name

Petta Gavin

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

1050 Lake Shore Dr

Apt. #, Etc

206

City

Lake Park

State

FL

Zip Code

33403

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

Petta Gavin

Date **1-30-17**

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
MGR	Guinn Resnick MGR	3635 Ridge Towne Dr	Duluth Ga 30096
MGR	Petta Gavin MGR	1050 Lake Shore Dr #206	Lake Park, FL 33403

REINSTATEMENT

FEB 17 2017

R. HUNT

11. E-mail Address:

guinn@btinc.co (not .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

1/30/2017

Daytime Phone #

678.686.3855

Typed or printed name of signing authorized representative/member

Guinn Resnick