

APPLICATION FOR  
REINSTATEMENT FOR  
LIMITED LIABILITY COMPANY



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

97 JAN 22 PM 3:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address  
of Limited Liability Company

DOCUMENT # L93000000208

**SOUTHERN CANDIES & CONFECTIONS-IVL.C.**  
**4343 SHALLOWFORD RD D-5**  
**MARIETTA GA 30062**

1a. Principal Place of Business Address

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business

2a. Mailing Address

3. Date Organized or Qualified

3a. State of Formation

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6/29/93

FLORIDA

City & State

City & State

4. FEI Number

58-2054914

☐ Applied For

☐ Not Applicable

Zip

Country

Zip

Country

5. Date of Last Report

6. Certificate of Status Desired

\$8.75 Additional Fee Required ☒

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent

**NEAL, A.R.**  
**MASSARI, BELL, JACOBS ETAL**  
**2 CORPORATE DR. Suite 300**  
**CLEARWATER FL. 34622 U.S.**

Name

LA. BIZANDS

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

508 SHERIDAN DRIVE

Suite, Apt. #, etc.

City

Palm Harbor

Zip Code

FL

34684

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

X [Signature]

Date

X 12/4/96

10. Title

Managing Members/Managers

Business Street Address

City, State & Zip Code

**Cashiers, Inc**  
**MANAGING**  
**Member**

**4343 Shallowford Rd D-5**

**MARIETTA, GA 30062**

300002070219--8  
-01/28/97--01074--008  
\*\*\*\*747.50 \*\*\*\*747.50

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, 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 section 608.406, 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.

Signature of  
Managing Member/Manager

Cashiers Inc by its President

Date

12-3-96

Daytime Phone #

770-642-0801

Typed or printed name of signing Managing Member/Manager

John C Edwards, manager for Southern Candies & Confections IV L.C.