

APPLICATION FOR  
REINSTATEMENT FOR  
LIMITED LIABILITY COMPANY



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

FILED

98 FEB -4 AM 11:20

SECRET/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 - IV, LLC.  
4343 SHALLOWFORD RD. SUITE D-5  
MARIETTA, GA 30062

1a. Principal Place of Business Address

300 MARY ESTHER BLVD #15  
MARY ESTHER, FL 32569

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

2. Principal Place of Business

SAME

2a. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Organized or Qualified

6/29/93

3a. State of Formation

FLORIDA

4. FEI Number

58-2054914

☐ Applied For

☐ Not Applicable

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

Name

Lynley Sexton

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

508 Sheridan Drive

Suite, Apt. #, etc.

City

Palm Harbor

FL

Zip Code

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

*Lynley Sexton*

Date

12/6/97

10. Title

Managing Members/Managers

Business Street Address

City, State & Zip Code

MGM CASIERS, INC

4343 SHALLOWFORD RD  
SUITE D-5

MARIETTA, GA 30062

300002424063--9

-02/06/98--01109--003

\*\*\*\*703.75 \*\*\*\*703.75

REINSTATEMENT 97.98 due

300002424063--9

-02/06/98--01109--004

\*\*\*\*173.75 \*\*\*\*173.75

500.00  
100.00 88.75  
100.00 88.75

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

Date 12-6-97

Daytime Phone # 7706420801

Typed or printed name of signing Managing Member/Manager

JOHN C EDWARDS