

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

DOCUMENT #

L9 5-118

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1. Limited Liability Company's Name

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ADVANTAGE SALES SOUTHEAST, LLC.

REINSTATEMENT 2001

2. Principal Office Address

3840 N. 50TH ST

Suite, Apt. #, etc.

City & State

TAMPA FL

Zip

33619

Country

Hillsborough

3. Mailing Office Address

3840 N. 50TH ST.

Suite, Apt. #, etc.

City & State

TAMPA, FL

Zip

33619

Country

Hillsborough

4. State/Country of Formation

FL Hillsborough

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

59-3317235

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$500 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

MATT STEVENS

400004695004--0

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

3840 N. 50TH ST

-11/27/01--01045--015

****150.00 ****150.00

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33619

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 10/22/01

10. Names and Street Addresses of Managing Members/Managers

| Titles | Name of Managing Members/Managers | Street Address of Each Managing Member/Manager | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| Pres | Mike Sunderland | 3840 N. 50TH ST | TAMPA FL 33619 |
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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

[Signature]

Date 11/1/01

Daytime Phone# 813)621-4991

Typed or printed name of signing Managing Member/Manager

C. MICHAEL SUNDERLAND