

L9600000054

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L9600000054

1. Name and Mailing Address of Limited Liability Company

Branch Assets L.C.
P.O. Box 469
Lopchopy, Fla. 32358

2. Principal Place of Business

Same

2a. Mailing Address

Same

3. Date Organized or Qualified

1-16-96

3a. State of Formation

Fla.

4. FEI Number

59-3370114

☐ Applied For
☐ Not Applicable

5. Date of Last Report

applied for

6. Certificate of Status Desired

\$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

Lewis & White L.C.
216 W. College Ave
Tallahassee

8. Name and Address of New Registered Agent

Name

Same

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

Same

Suite, Apt. #, etc.

City

Zip Code

FL

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]

Date

11/19/97

10. Title

Managing Members/Managers

Business Street Address

City, State & Zip Code

Manager

Awah B. Hopkins

P.O. Box 469
Lopchopy, Fla. 32358

PRIVILEGE	- 500.00
AR	- 100.00
AR SLOP	- 103.75
CUS	- 8.75
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	712.50

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REINSTATEMENT

1997

(MK) (CUS)

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

11-19-97

Daytime Phone #

904-697-4051

Typed or printed name of signing Managing Member/Manager

[Signature]