

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** *W 1/3/00*  
**99 DEC 29 PM 3:32**  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DOCUMENT # L96000001298**

**1. Limited Liability Company's Name**

THE INCREDIBLE GREED LIMITED COMPANY

**2. Principal Office Address**

3125 Thornhill Road

Suite, Apt. #, etc.

City & State

Winter Haven, FL

Zip

33880

Country

U.S.A.

**3. Mailing Office Address**

3125 Thornhill Road

Suite, Apt. #, etc.

City & State

Winter Haven, FL

Zip

33880

Country

U.S.A.

**4. State/Country of Formation**

Florida/U.S.A.

**5. Date Organized or Qualified  
To Do Business in Florida**

12/13/96

**6. FEI Number**

59-3414191

Applied For

Not Applicable

**7. CERTIFICATE OF STATUS DESIRED** ☒

\$5.00 Additional Fee required  
for a Certificate of Status

**8. Name and Address of Current Registered Agent**

Name

Lynn Hampton

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

3125 Thornhill Road

Suite, Apt. #, Etc.

City

Winter Haven

State

FL

Zip Code

33880

000003095400-2

01/12/00 01000 001

\*\*\*\*255.00 \*\*\*\*255.00

**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

Date *12-28-99*

REGISTERED AGENT MUST SIGN

**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
<i>MEM</i>	Lynn Hampton	3125 Thornhill Road	Winter Haven, FL 33880
<i>MEM</i>	Leigh Hampton	3125 Thornhill Road	Winter Haven, FL 33880

**REINSTATEMENT**

*98-99*  
*w/ 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

Date *12-28-99*

Daytime Phone #

*863-688-9377*

Typed or printed name of signing Managing Member/Manager