

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

1 of 2
FILED

06 DEC 26 PM 1:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L98000002638

1. Limited Liability Company's Name

Vend Air, L.L.C.

CR2E041 (8/05)

2. Principal Office Address

296 Pine Lane
Suite, Apt. #, etc.

3. Mailing Office Address

Same
Suite, Apt. #, etc.

City & State

Crawfordville

City & State

1

Zip

32327

Country

Wakulla

Zip

Country

4. State/Country of Formation

FL Florida / USA

5. Date Organized or Qualified
To Do Business in Florida

10/28/98

6. FEI Number

59-354112-1

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

Fred R. Mohrfeld

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

296 Pine Lane

Suite, Apt. #, Etc.

City

Crawfordville

State

FL

Zip Code

32327

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

Fred R. Mohrfeld

REGISTERED AGENT MUST SIGN

Date

12/26/06

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
MG/CM	Fred R Mohrfeld	296 Pine Lane	Crawfordville, FL
			32327

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

Fred R. Mohrfeld

Date

12/26/06

Daytime Phone #

850-510-8343

Typed or printed name of signing Managing Member/Manager

2 of 2

12/26/06

To Whom It Concerns,

I did not receive my 2005 or 2006
Annual report notice for my renewal.

Fred W. W. W. W.