

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2004 APR -1 P 3:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

900030248189  
03/10/04--01077--012 \*\*350.00

DOCUMENT # L98000003398

1. Limited Liability Company's Name  
Fairfield Press, LLC

2. Principal Office Address

2900 4th Street North

Suite, Apt. #, etc.

202A

City & State

St. Petersburg, FL

Zip

33704

Country

Pinellas

3. Mailing Office Address

2900 4th Street North

Suite, Apt. #, etc.

202A

City & State

St. Petersburg, FL

Zip

33704

Country

Pinellas

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

6/24/99

6. FEI Number

59-3561472

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

B. Name and Address of Current Registered Agent

Name

Gregory E. Matthews

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

2900 4th Street North

Suite, Apt. #, Etc.

202A

City

St. Petersburg

State

FL

Zip Code

33704

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

REGISTERED AGENT MUST SIGN

Date

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
MGR	Gregory E. Matthews	2900 4th Street North, 202A	St. Petersburg, FL 33704

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 3/3/04

Daytime Phone # 727-896-8185

Typed or printed name of signing Managing Member/Manager Gregory E. Matthews