

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 DEC -6 PM 3:05

DOCUMENT # L99000003459

1. Limited Liability Company's Name

EHistory.Com, LLC

2. Principal Office Address

350 Pensacola Beach Blvd.

Suite, Apt. #, etc.

Suite 1

City & State

Gulf Breeze, Florida

Zip

32561

Country

Santa Rosa

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Florida, Santa Rosa

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

June 15, 1999

6. FEI Number

59-3580952

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$9.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Scott R. Laidig

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

3713 Ceylon Drive

Suite, Apt. #, Etc.

City

Gulf Breeze, Florida

State

FL

Zip Code

32561

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

Scott Laidig

REGISTERED AGENT MUST SIGN

Date 11-30-01

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
mcl	Scott R. Laidig	3713 Ceylon Drive	Gulf Breeze, Florida 32561

REINSTATEMENT 2001

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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

Scott Laidig

Date

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

Scott R. Laidig