

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 JUL 20 AM 10:49

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L9900005288

1. Limited Liability Company's Name

Teaford Ventures, LLC

L99000005288

2. Principal Office Address

11450 SE Dixie Highway

Suite, Apt. #, etc.

Suite 204

City & State

Hobe Sound, Florida

Zip

33455

Country

USA

3. Mailing Office Address

11450 SE Dixie Highway

Suite, Apt. #, etc.

Suite 204

City & State

Hobe Sound, Florida

Zip

33455

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

8/24/99

6. FEI Number

65-0943138

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

Jonathan Teaford

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

11450 SE Dixie Highway

Suite, Apt. #, Etc.

Suite 204

City

Hobe Sound

State

FL

Zip Code

33455

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 7/17/05

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
Mr.	Jonathan Teaford	11450 SE Dixie Highway, Ste. 204	Hobe Sound, FL 33455

REINSTATEMENT 2000-05

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07/27/05--01052--012 **400.00

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 7/17/05

Daytime Phone# 772.545.9026

Typed or printed name of signing Managing Member/Manager Jonathan Teaford