

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

01 NOV 19 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # MD0000000920

1. Limited Liability Company's Name

Reddler's mail LLC

2. Principal Office Address

11309 North Nebraska

Suite, Apt. #, etc.

City & State

Tampa, Florida

Zip

33612

Country

USA

3. Mailing Office Address

11310 Preston Highway

Suite, Apt. #, etc.

City & State

Louisville, Ky.

Zip

40229

Country

USA

4. State/Country of Formation

Kentucky

5. Date Organized or Qualified
To Do Business in Florida

2000

6. FET Number

61-1341885

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

Chris Griffin

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

509 Lisa Lane

Suite, Apt. #, Etc.

City

Brandon

State

FL

Zip Code

33511

100004718161-4

-12/11/01--01026--006

****150.00 ****150.00

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

Chris Griffin

Date

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

President Patricia C George

1202 Old Harrods Creek Rd

Louisville, KY. 40223

V-P John N George

1202 Old Harrods Creek Rd

Louisville, KY. 40223

REINSTATEMENT

9/11/01

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

Patricia C George

Date 11-14-01

Daytime Phone # 502-964-0545

Typed or printed name of signing Managing Member/Manager

Patricia C George