Florida Department of State

Division of Corporations

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TALLAHASSEE, FLORIDA

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Division of Corporations
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Account Number : FCA000000023
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LIMITED LIABILITY REINSTATEMENT

THRIFTY NICKEL ADS LLC

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M01000002095

1. Limited Liability Company's Name
Thrifty Nickel Ads LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
133 Eglin Pkwy., SE	P.O. Box 1659
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Fort Walton Beach, FL	City & State: Destin, FL
Zip: 32548 Country: US	Zip: 32540 Country: US

4. State/Country of Formation: Nevada

5. Date Organized or Qualified To Do Business in Florida: 9/14/01

6. FEI Number: 59-3738970 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $30.00 Additional Fee(s) Required

8. Name and Address of Current Registered Agent

Name: NRAI Services, Inc.

Street Address (P.O. Box Numbers Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.

City: Plantation State: FL Zip Code: 33324

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: Lisa DuBois Date: 10-18-2016

REGISTERED AGENT'S Asst. Secretary

10. Names and Street Addresses of Authorized Representatives/Managers

Title	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGRM	Robert L. Christensen	838 Airport Road	Destin, FL 32541
Sec.	Kimberly S. Modlin	838 Airport Road	Destin, FL 32541

OCT 17 2016
R. HUNT

REINSTATEMENT

11. E-mail Address: lmurphy@americanclassifieds.com
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 605.0012, 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; I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager: Kimberly Modlin Date: 10/17/16 Daytime Phone #: 850-837-8820

Typed or printed name of signing Authorized Representative/Manager: Kimberly Modlin

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