

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
John Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # M01000002442

Name and Mailing Address

0007910 01 FP 0.352 \*\*PRSR T4 0 0615 40517-419653



THE NONI GUY, LC  
592 EUREKA SPRINGS DRIVE, #203  
LEXINGTON KY 40517-4196

02 DEC 20 PM 5:49

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MJM



12/20 2002

2. New Mailing Address

P.O. Box 397

SILVER SPRINGS, FL 34489-0397

Principal Place of Business

592 EUREKA SPRINGS DRIVE, #203  
LEXINGTON KY 40517

3. New Principal Place of Business Address

1309 S.E. 37 AVENUE

City, State, Zip

OCALA, FL, 34471

4. State/Country of Formation

KY

5. Date Organized or Qualified  
To Do Business in Florida

10/24/2001

6. FEI Number

61-1386312

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

WALLACE, D. SCOTT  
1309 SE 37TH AVENUE  
OCALA FL 34471

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

10. 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

*[Signature]*

Date 12/12/02

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

| Title(s) | Name of Managing<br>Members/Managers | Street Address of Each<br>Managing Member/Manager | City / State / Zip |
|----------|--------------------------------------|---|--------------------|
| MGR      | WALLACE, D. SCOTT                    | 1309 SE 37TH AVENUE                               | OCALA FL 34471     |
|          |                                      |   |                    |
|          |                                      |   |                    |
|          |                                      |   |                    |
|          |                                      |   |                    |
|          |                                      |   |                    |
|          |                                      |   |                    |

12. 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

*[Signature]*

Date 12/12/02

Daytime Phone # 352-694-2967

Typed or printed name of signing Managing Member/Manager

D. SCOTT WALLACE