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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR 24 PM 12:03

1. **DOCUMENT #** M03000000003
Name and Mailing Address

0016281 01 MB 0.309 **AUTO TO 0 0615 41017-258109



NO BONES ABOUT IT, LLC
609 PALMER COURT
CRESTVIEW HILLS KY 41017-2581

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
700026053207
03/24/04--01065--004 **50.00
700026053207
01/06/04--01005--032 **150.00



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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| 2. New Mailing Address City, State, Zip | | 4. State/Country of Formation KY | |
| Principal Place of Business 609 PALMER COURT CRESTVIEW HILLS KY 41017 | | 5. Date Organized or Qualified To Do Business in Florida 12/31/2002 | |
| 3. New Principal Place of Business Address City, State, Zip | | 6. FEI Number 35.2170684 Applied For Not Applicable | |
| | | 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status | |
| 8. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 | | 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 <i>Henry C. Harris</i> REGISTERED AGENT MUST SIGN Date | | | |
| 11. Names and Street Addresses of Each Managing Member/Manager | | | |
| Title(s) | Name of Managing Members/Managers | Street Address of Each Managing Member/Manager | City / State / Zip |
| MGRM | HARRIS, HENRY C | 809 PALMER COURT | CRESTVIEW HILLS KY 41017 |
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REINSTATEMENT

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 *Henry C. Harris* **REGISTERED** Date 10/19/03 Daytime Phone # 859-331-2353

Typed or printed name of signing Managing Member/Manager *Henry C. Harris*

CR2ED84 (7/03)