

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2007 MAR -9 AM 9:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

DOCUMENT # M04000005289

1. Limited Liability Company's Name

N-Depth LLC

2. Principal Office Address - No P.O. Box #

105 Lonesome Pine Trl

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 11

Suite, Apt. #, etc.

City & State

Moultrie, GA

City & State

Moultrie, GA

Zip

31788

Country

Colquitt

Zip

31776

Country

Colquitt

4. State/Country of Formation

GA

5. Date Organized or Qualified  
To Do Business in Florida

12-2-2004

6. FEI Number

06-1716782

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

John W. Eunice

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

3575 Maquette Ave

Suite, Apt. #, Etc.

City

Sanford

State

FL

Zip Code

32773

☒ A \$100 reinstatement fee is imposed, except  
in circumstances which the entity did not  
receive the prior notices. By checking this  
box, you are certifying the prior notices were  
not received and requesting the \$100  
reinstatement be waived.

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

John W. Eunice

Date 3-5-07

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
MGRM	John W. Eunice	105 Lonesome Pine Trl	Moultrie GA 31788
MGRM	Kenneth C Eunice	1216 10th ST SW	Moultrie GA 31768
			300092642813 03/14/07--01045--012 **150.00
		REINSTATEMENT	05-07

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

John W. Eunice

Date 3-5-07

Daytime Phone # 229-672-1283

Typed or printed name of signing Managing Member/Manager

John W. Eunice