

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 OCT -7 AM 10:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M06000003925

1. Limited Liability Company's Name

Frank Lomas Enterprise LLC

CR2E041 (12/07)

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

925th St. NE

3. Mailing Office Address

Suite, Apt. #, etc.

Same

Suite, Apt. #, etc.

City & State

Cairo Ga

City & State

Zip

39828

Country

US

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

7-17-06

6. FEI Number

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

Greg Gaskin

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

5545 Pimlico

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32309

☒ 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

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 |
|--------|--------------------------------------|---|--------------------|
| owner | Frank Brown | 125 3rd Ave SW | Cairo, Ga 39828 |
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REINSTATEMENT

07/08
Cao

700136694227
10/07/08--01017--005 **\$65.00

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

Frank Brown

Date

9-22-08

Daytime Phone #

Typed or printed name of signing Managing Member/Manager