

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

01 NOV 19 AM 11:15

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **M 95 000000233**

1. Limited Liability Company's Name

Doinks, LLC

2. Principal Office Address

Highway 30-A

Suite, Apt. #, etc.

City & State

Seaside, Florida

Zip

32459

Country

Walton

3. Mailing Office Address

P.O. Box 4940

Suite, Apt. #, etc.

City & State

Santa Rosa, Florida

Zip

32459

Country

Walton

4. State/Country of Formation

Georgia, USA

5. Date Organized or Qualified To Do Business in Florida

3/15/1995

6. FEI Number

59-3313285

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

Wakeham, Gregory S.

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

Highway 30-A

Suite, Apt. #, Etc.

900004718179-8

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*****150.00 ***150.00**

City

Seaside

State

FL

Zip Code

32459

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

REGISTERED AGENT MUST SIGN

Date

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
MEMBER President	Wakeham, Gregory S.	Highway 30-A	Seaside, FL 32459
Member	FREER, JOE	"	" "
Member	STAERKER, JOHN	"	"

REINSTATEMENT

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

Date **10-25-01**

Daytime Phone # **(850) 231-1950**

Typed or printed name of signing Managing Member/Manager

JOHN STAERKER

CR2E041 (9/01)