

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
00 AUG 22 PM 1:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M98000000998

1. Limited Liability Company's Name

ANDERS I, LLC

2. Principal Office Address

5801 W. 11th Street

Suite, Apt. #, etc.

Suite 201

City & State

Greeley, CO

Zip

80634

Country

USA

3. Mailing Office Address

5801 W. 11th Street

Suite, Apt. #, etc.

Suite 201

City & State

Greeley, CO

Zip

80634

Country

USA

4. State/Country of Formation

Colorado

**5. Date Organized or Qualified
To Do Business in Florida**

9/9/1998

6. FEI Number

841468663

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

James M. Miller, Esquire

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

112 W. Citrus Street

Suite, Apt. #, Etc.

City

Altamonte Springs

State
FL

Zip Code

32714-2502

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

James M. Miller

REGISTERED AGENT MUST SIGN

Date

8/9/00

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 Mgr.	Katherine A. Roche	5801 W. 11th Street	Greeley, CO 80634
			000003386240-0
			-09/08/00--01024--002
			****800.00 ****200.00

REINSTATEMENT

99-00
SL

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

Katherine A. Roche

Date

8-17-00

Daytime Phone #

(970) 336-7190

Typed or printed name of signing Managing Member/Manager **Katherine A. Roche**