

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 AUG 22 AM 9:51

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M99000000533

1. Limited Liability Company's Name

Agency Holdings, LLC

2. Principal Office Address

706 w.Boynton Bch Blvd

Suite, Apt. #, etc.

110

City & State

Boynton Bch, FI

Zip

33426

Country

usa

3. Mailing Office Address

706 w.Boynton Bch Blvd

Suite, Apt. #, etc.

110

City & State

Boynton Bch, FI

Zip

33426

Country

usa

CR2E041 (8/05)

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

1999

6. FEI Number

84-1484771

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

Troy Sissom

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

410 Belmont Place

Suite, Apt. #, Etc.

City

Boynton Bch

State

FL

Zip Code

33436

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 08/17/2006

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	Troy Sissom	410 Belmont Place	Boynton Bch, FI 33436
mgr	Ginger Sissom	410 Belmont Place	Boynton Bch, FI 33436
mgr	Paul Cohen	665 ne Bent Paddle Ln	Port St Lucie, FI 34983

REINSTATEMENT 02-06

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 8/17/06

Daytime Phone# 561-736-6022

Typed or printed name of signing Managing Member/Manager

Troy Sissom