2005 FOR PROFIT CORPORATION REINSTATEMENT

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DOCUMENT # P03000149833									
1. Entity Name . LLD ENTERPRISES, INC.					1	05 HAY 23 P	n 12: 36		
					_		TO THE		
Principal Place of Business 39952 LACOOCHEE CLAY SINK ROAD P. O. Box.				2	,		1. 66		
LACOOCHEE,		P. O. <u>Box</u> 1082 LACOOCHEE, FL 33537 US							
					1 1871/1881 11	KALAN SILIS BENJE BENJE ERFEN			
2. Principal P	lace of Business	3. Mailing Address			~ 				
Cuite Aus	Al na	College And Grand	Cuita Act # etc.					THE STATE OF	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			0/04282005	TATEW	GR26098 (6/04)	0	
City & State	9	City & State			4. FEI Numb	521442		p plied For ot Applicable	
Zip	Country	Zip	Coun	try		of Status Desired	\$8.75 Ad		
	6. Name and Address of Cur	cont Bogletored Agent				Address of New Re	Fee Requir	ed	
	6. Name and Address of Cur	rent Registered Agent		Name	7. Name and	Address of New He	gistered Agent		
	GER, DAVE COOCHEE CLAY SINK RO	AD		Street Address	(P.O. Box Numb	er is Not Acceptable)			
	IEE, FL 33537	AD			,				
				0:-			Zip Coo		
)		City			FL	·	
	named entity submits this stateme ions of registered agent.	ent for the purpose of changing i	its registere	ed office or registe	ered agent, or bo	th, in the State of Flori	ida. I am familiar with	, and accept	
SIGNATURE	h s	<i>/</i>)				5-2-0	5		
2IGNATORE2	Signature, typed or printed name of registered	agent and title if applicable (No	OTE: Registere	ed Agent signature requ	ired when reinstating		DATE		
FII	LE NOW!!! FEE IS \$300.0	o					th s. 607.193(2)(b) ot receive the prior		
10.		AND DIRECTORS	11.		ADDITIONS	CHANGES TO OFFIC	CERS AND DIRECTOR	RS IN 11	
TITLE NAME	1			<u> </u>			☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	39952 LACOOCHEE CLAY S LACOOCHEE, FL 33537	SINK ROAD		et address -SI+ZIP	06/01	7 90555	73966 008 **30(0.00	
TITLE	S,T	☐ Delete	TITLE	:			☐ Change	Addition	
NAME STREET AODRESS	CLEAVENGER, LYN 39952 LACOOCHEE CLAY S	SINK POAD	NAM	E Et address					
CITY-ST-ZIP	LACOOCHEE, FL 39952	SINK KOAD		-S1-ZIP					
TITLE		☐ Delete	TITLE	1			☐ Change	Addition	
Name Street address :			NAM STRE	E Et address					
CITY-ST-ZIP				-S1-21P		-		_	
TITLE		☐ Delete	TITLE				☐ Change	Addition	
NAME STREET ADDRESS			nam Stre	ET ADDRESS					
CITY-ST-ZIP			CITY	-ST-ZIP					
TITLE		☐ Delete	TITLE			· —	☐ Change	Addition	
name Street address			NAM Stre	et address					
CITY-ST-ZIP				-ST - ZIP					
TITLE		☐ Delete	TITLE	I			☐ Change	☐ Addition	
NAME STREET ADDRESS			NAM STRE	e Et address					
CITY-ST-ZIP			CITY	-ST-ZIP					
12. I hereby of indicated of the cor	certify that the information supplied on this report or supplemental rep poration of the receiver or trustee	d with this filing opes not qualify port is true and accurate and the empowered to execute this repo	for the exe it my signa ort as requi	mption stated in S ture shall have the red by Chapler 60	ection 119.07(3) same legal effe 7, Florida Statul	(i), Florida Statutes. I to as if made under or es; and that my name	turther certify that the ath; that I am an office appears in Block 10 o	information er or director or Block 11 if	
changed.	or on an attachment with an addr	ess, with all other tike empowere	ea.						
SIGNAT		D OR PRINTED NAME OF SIGNING OFFIC	ED OD DIGE	TOP	5-2		Daytime Phone #		
	ORGINATURE AND TYPE	D ON PHINTED NAME OF SIGNING OFFIC	CH ON BIMES	·un		Uale:	Dayanne Frion⊌ #		

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