

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P06000005786

1. Limited Liability Company's Name

Subs of N.W. FL, Inc.

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

4600 Mobile Highway

Suite, Apt. #, etc.

Suite 110

City & State

Pensacola, FL

Zip

32506

Country

USA

3. Mailing Office Address

4600 Mobile Highway

Suite, Apt. #, etc.

Suite 110

City & State

Pensacola, FL

Zip

32506

Country

USA

4. State/Country of Formation

FL/USA

5. Date Organized or Qualified

To Do Business in Florida **01/13/2006**

6. FEI Number

20-4130599

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
Cynthia Mills

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

13500 Sandy Key Drive

Suite, Apt. #, Etc.

415W

City

Pensacola

State

FL

Zip Code

32507

E-mail Address:

800224768918
04/24/12--01025--001 **662.50

info@ercpas.com

(To be used for future annual report notices)

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

Cynthia Mills

REGISTERED AGENT MUST SIGN

Date **3/29/12**

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
MGRM	Cynthia Mills	13500 Sandy Key Dr. 415W	Pensacola, FL 32507
			S. HAWKES
			APR - 2012
			EXAMINER

2010 - 2012
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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

Cynthia D. Mills

Date **3/6/12**

Daytime Phone #

850-341-6547

Typed or printed name of signing Managing Member/Manager **Cynthia Mills**