

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2004 DEC 28 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # LO2000001166

1. Limited Liability Company's Name

L.A. TOLLEY LTD. CO.
1305 ISLAMORADA BLVD
PUNTA GORDA FL 33955

2. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Office Address

1305 ISLAMORADA BLVD

Suite, Apt. #, etc.

City & State

PUNTA GORDA FL

Zip

Country

33955

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

01/04/2002

6. FEI Number

56-2297268

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

LINDA A. TOLLEY

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

1305 ISLAMORADA BLVD

Suite, Apt. #, Etc.

City

PUNTA GORDA

State

FL

Zip Code

33955

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

L.A. Tolley

REGISTERED AGENT MUST SIGN

Date 12/22/04

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
<u>MEMBER</u>	<u>LINDA A TOLLEY</u>	<u>1305 ISLAMORADA BLVD</u>	<u>PUNTA GORDA FL</u> <u>33955</u>

REINSTATEMENT 03 04

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

L.A. Tolley

Date 12/22/04 Daytime Phone # 941-457-4000

Typed or printed name of signing Managing Member/Manager