0059.

For Limited Liability Companies, Limited Partnerships, and Limited Liability Limited Partnerships, call 850-245-6051.

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http://form.sunbiz.org/pdf/cr2e049.pdf Amendment Form

http://form.sunbiz.org/pdf/cr2e041.pdf Reinstatement Form

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

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07/10/18--01021--016 **793.75

DOCUMENT # L06000091786

1. Limited Liability Company's Name: Commerce Park LLC

14-18

CR2E041 (1/14)

2. Principal Office Address (No P.O. Box): 4416 S US HWY 301	3. Mailing Office Address: P O Box 385
Suite, Apt. #, etc.:	Suite, Apt. #, etc.:
City & State: Bushnell Fl	City & State: Bushnell Fl
Zip: 33513 / Country: USA	Zip: 33513 / Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 09/19/2006

6. FEI Number: 20-5576979 ☐ 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: Felix M Adams, P A

Street Address (P.O. Box Numbers Not Acceptable): 138 Bushnell Plaza Suite 201

Apt. # Etc.:

City: Bushnell Fl | State: FL | Zip Code: 33513

9. I being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: [signature] REGISTERED AGENT MUST SIGN   Date: 07/06/2018

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Manager	Street Address of Each Authorized Representative/Manager	City / State / Zip
MGR	David Moffitt	4416 S US HWY 301	Bushnell Florida 33513
MGR	Christina Lackay	4416 S US HWY 301	Bushnell Florida 33513

JUL 17 2018
S. PRATHER

11. E-mail Address: moffitt1981@gmail.com
(To be used for future annual report notification)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0112, 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 authorized representative/member: [signature]   Date: 07/06/2018   Daytime Phone #: 352 303-8427

Typed or printed name of signing authorized representative/member: David Moffitt