

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

01 OCT 22 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L00000000680

1. Limited Liability Company's Name

FMURLOC, LLC

REINSTATEMENT 2001

2. Principal Office Address

1357 Sanibel Lane

Suite, Apt. #, etc.

3. Mailing Office Address

1357 Sanibel Lane

Suite, Apt. #, etc.

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

19 January 2000

6. FEI Number

59-3646852

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

City & State

Merritt Island FL

City & State

Merritt Island FL

Zip

Country

32952-7204 Broward

Zip

Country

32952-7204 Broward

8. Name and Address of Current Registered Agent

Name

Daniel L Stiver

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

1357 Sanibel Lane

Suite, Apt. #, Etc.

City

Merritt Island

State

FL

Zip Code

32952-7204

000004159130-1

10/30/01-01051-017

\*\*\*\*150.00 \*\*\*\*150.00

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

Daniel L Stiver

REGISTERED AGENT MUST SIGN

Date 16 Oct 2001

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

VP David Banks

8732 Shelburne Way

Charlotte, NC 28216

VP Peter Poulsen

1344 Brookside Blvd

Graves Ass. CR 97526

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

Daniel L Stiver

Date 16 Oct 2001 Daytime Phone # 407.356.6513

Typed or printed name of signing Managing Member/Manager