

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY

FLORIDA DEPARTMENT OF STATE

Katherine Harris

FILED

02 OCT 14 AM 10:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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10/16/02--01087--018 **200.00

DOCUMENT # L000000000728

1. Limited Liability Company's Name

ALL County Custom SERVICES, LLC

2. Principal Office Address

7770 N.E. 24th Loop

Suite, Apt. #, etc.

City & State

High Springs FL.

Zip

32643

Country

USA

3. Mailing Office Address

P.O. Box 1966

Suite, Apt. #, etc.

City & State

High Springs FL.

Zip

32655

Country

USA

4. State/Country of Formation

FLORIDA / USA

5. Date Organized or Qualified
To Do Business in Florida

1-26-00

6. FEI Number

59-362 3846

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

Timothy S. Fleming

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

7770 N.E. 24th Loop

Suite, Apt. #, Etc.

City

High Springs

State

FL

Zip Code

32643

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

Tim Fleming

REGISTERED AGENT MUST SIGN

Date 1-31-02

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
MGR	Timothy S. Fleming	7770 N.E. 24 th Loop	High Springs FL 32643
MGR	Kelly S. Fleming	7770 N.E. 24 th Loop	High Springs FL 32643

REINSTATEMENT

01-02

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

Tim Fleming

Date 1-31-02

Daytime Phone # 386 454-2554

Typed or printed name of signing Managing Member/Manager Timothy S. Fleming

CR2E041 (9/01)