

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

NOV -5 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000000996

1. Limited Liability Company's Name

McCullum & McCullum LLC

2. Principal Office Address

3136 BLOUNT ST

Suite, Apt. #, etc.

City & State

FORT MYERS FL

Zip

33916

Country

LEE

3. Mailing Office Address

3136 BLOUNT ST

Suite, Apt. #, etc.

City & State

FORT MYERS FL

Zip

33916

Country

LEE

4. State/Country of Formation

FLORIDA / 00000000 USA

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

05-0976128

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$500 Additional Fee required
for a Certificate of Status

REINSTATEMENT 2001

8. Name and Address of Current Registered Agent

Name

Malcolm McCullum

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

3136 BLOUNT ST

Suite, Apt. #, Etc.

500004685365-6

-11/16/01--01058--004

****150.00 ****150.00

City

FORT MYERS

State

FL

Zip Code

33916

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

Malcolm McCullum

REGISTERED AGENT MUST SIGN

Date OCT 29, 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
<u>PRES</u>	<u>MALCOLM McCullum</u>	<u>3136 BLOUNT ST</u>	<u>FORT MYERS FL 33916</u>
<u>TREASURER</u>	<u>"</u>	<u>"</u>	<u>"</u>
<u>VICE PRES</u>	<u>CAROLINE McCullum</u>	<u>3136 BLOUNT ST</u>	<u>FORT MYERS FL 33916</u>
<u>SECE</u>	<u>"</u>	<u>"</u>	<u>"</u>

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

Malcolm McCullum

Date OCT 29/2001

Daytime Phone # 941-691-3315

Typed or printed name of signing Managing Member/Manager

Malcolm McCullum President

CR2E041 (9/01)