

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

RECEIVED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 DEC 30 AM 10:31

DOCUMENT # L00000001212

1. Limited Liability Company's Name

Custodial Administrators, L.L.C.

800061605788
11/22/05--01005--013 **150.00

CR2E041 (8/05)

2. Principal Office Address

110 State Street

Suite, Apt. #, etc.

Suite D

City & State

Oldsmar, FL

Zip

34677

Country

USA

3. Mailing Office Address

110 State Street

Suite, Apt. #, etc.

Suite D

City & State

Oldsmar

Zip

33677

Country

USA

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified
To Do Business in Florida

01/31/2000

6. FEI Number

593643240

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

Gerald E. Davis

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

110 State Street, Suite D

Suite, Apt. #, Etc.

City

Oldsmar

State

FL

Zip Code

34677

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

Norman J. Ferenz
REGISTERED AGENT MUST SIGN

Date

11-16-05

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
MGRM	Gerald E. Davis	110 State St., Suite D	Oldsmar, FL 34677
MGRM	Norman J. Ferenz	110 State St., Suite D	Oldsmar, FL 34677

REINSTATEMENT 04-05

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

Norman J. Ferenz

Date

11-16-05

Daytime Phone #

813-855-8300

Typed or printed name of signing Managing Member/Manager

NORMAN J. FERENZ