

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 NOV -7 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L-1890**

1. Limited Liability Company's Name

Five STAR MOVERS, LLC

2. Principal Office Address

Five STAR movers LLC

Suite, Apt. #, etc.

12902 US Hwy 301S

City & State

River View FLA

Zip

33569

Country

FL

3. Mailing Office Address

Five STAR movers LLC

Suite, Apt. #, etc.

12902 US Hwy 301S

City & State

River View FL

Zip

33569

Country

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REINSTATEMENT 2001

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

1 JAN 200

6. FEI Number

59-3624370

Applied For

Not Applicable

7.

CERTIFICATE OF STATUS DESIRED ☐

**\$3.00 Additional Fee required
for a Certificate of Status**

8. Name and Address of Current Registered Agent

Name

Robert L Berrion

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

1521 COCO MEADOW CIR #207

Suite, Apt. #, Etc.

#207

City

Blandon

State

FL

Zip Code

33511

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 **Robert L Berrion**

REGISTERED AGENT MUST SIGN

Date **6 Nov 01**

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
MANAGER	Robert L Berrion	5910 Vel ST	Winnona A FLA 33558
MEMBER	Robert L Berrion	1521 COCO MEADOW CIR #207	Blandon FLA 33511

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******150.00 ****150.00**

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 **Robert L Berrion**

Date **6 Nov 01**

Daytime Phone # **813-653-9507**

Typed or printed name of signing Managing Member/Manager