

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 #

1. Limited Liability Company's Name

L-3350  
POLK ENTERPRISE LLC

2. Principal Office Address

1015 E SEMORAN BL

Suite, Apt. #, etc.

225

City & State

CASSELBERRY FL

Zip  
32707

Country

USA

3. Mailing Office Address

1015 E SEMORAN BL

Suite, Apt. #, etc.

225

City & State

CASSELBERRY FL

Zip

32707

Country

SEMINOLE/USA

REINSTATEMENT 2001

4. State/Country of Formation

FLORIDA / USA

5. Date Organized or Qualified  
To Do Business in Florida

3/21/2000

6. FEI Number

593638275

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

NEAPOLEON F POLK

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

1015 E SEMORAN BL #225

Suite, Apt. #, Etc.

City

CASSELBERRY

State

FL

Zip Code

32707

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 10/16/01

10. Names and Street Addresses of Managing Members/Managers

| Titles | Name of<br>Managing Members/Managers | Street Address of Each<br>Managing Member/Manager | City / State / Zip   |
|--------|--------------------------------------|---|----------------------|
| MGR    | NEAPOLEON F POLK                     | 1015 E SEMORAN BL<br>#225                         | CASSELBERRY FL 32707 |
| MGR    | RUTH JAYSON-POLK                     | 579 NEAPOLEON LK<br>LAKE MARY                     | LAKE MARY FL 32746   |
|        |                                      |   |                      |
|        |                                      |   |                      |
|        |                                      |   |                      |

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

*[Signature]*

Date

10/16/01

Daytime Phone #

407 332 5200

Typed or printed name of signing Managing Member/Manager

NEAPOLEON F POLK

CR2E041 (9/01)