

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 JUN 22 AM 10:15

**DOCUMENT #** L00000004052

**1. Limited Liability Company's Name**

LIDIGACHER, LLC

**2. Principal Office Address**

106 DOMINO DRIVE S

Suite, Apt. #, etc.

City & State

RUSKIN, FL

Zip

33570

Country

USA

**3. Mailing Office Address**

106 DOMINO DRIVE S

Suite, Apt. #, etc.

City & State

RUSKIN, FL

Zip

33570

Country

USA

**4. State/Country of Formation**

FLORIDA

**5. Date Organized or Qualified  
To Do Business in Florida**

04/01/2000

**6. FEI Number**

59-3636946

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

GAIL McCLAIN

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

106 DOMINO DRIVE S

Suite, Apt. #, Etc.

City

RUSKIN

State

FL

Zip Code

33570

**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 in Block #11*

REGISTERED AGENT MUST SIGN

REINSTATEMENT 03-05

Date

**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	GAIL McCLAIN	106 DOMINO DRIVE S	RUSKIN, FL 33570
MGR	DIANE R. ST. JACQUES	1906 4TH ST. SW	RUSKIN, FL 33570
MGR	CHERYL NIX	9881 113TH ST. #115	SEMINOLE, FL 33772

**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

*Gail McClain*

Date

*6/17/05*

Daytime Phone # (813) 633-7745

Typed or printed name of signing Managing Member/Manager GAIL McCLAIN

CR2E041 (10/02)