

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
06 JUN 21 AM 9:11

DOCUMENT # L00000004186

1. Limited Liability Company's Name

Practical Solutions of Polk Co.
1512 E. Gary Road
Lakeland, FL 33801

2. Principal Office Address

1512 E. Gary Road

Suite, Apt. #, etc.

City & State

Lakeland, FL

Zip

33801

Country

USA

3. Mailing Office Address

1512 E. Gary Road

Suite, Apt. #, etc.

City & State

Lakeland, FL

Zip

33801

Country

USA

CR2E041 (8/05)

4. State/Country of Formation

FL

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

4/14/2000

6. FEI Number

593740426

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

STEVEN I. OLSON

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

1512 E. Gary Road

Suite, Apt. #, Etc.

City

Lakeland FL 33801

State

FL

Zip Code

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 6-1-06

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
Co-owner	STEVEN I. OLSON	1028 BRIGHAM WAY	Lakeland, FL 33813
Co-own	David R. Case	6869 Hayter Drive	Lakeland, FL 33813

800076752852
06/20/06-01014-016 **350.00

REINSTATEMENT

02-06

11. I certify that I am managing member/manager of 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

6-1-06

Daytime Phone #

863 944-5311

Typed or printed name of signing Managing Member/Manager

STEVEN I. OLSON