

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 DEC -6 PM 3:04

DOCUMENT # **L00000005228**

1. Limited Liability Company's Name

DICKEY FAMILY, LLC

600004716896--2

-12/10/01--01087--007

****150.00 ****150.00

2. Principal Office Address

10420 DEERFOOT LN. NORTH

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FLORIDA

Zip

32257

Country

USA

3. Mailing Office Address

10420 DEERFOOT LN. NORTH

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FLORIDA

Zip

32257

Country

USA

4. State/Country of Formation

USA

5. Date Organized or Qualified
To Do Business in Florida

2 MAY 2000

6. FEI Number

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

DICKEY, CHARLES E. II

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

10420 DEERFOOT LN. NORTH

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32257

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 **Charles E. Dickey II**

REGISTERED AGENT MUST SIGN

Date **12-4-1**

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

Mr Charles E. Dickey

10420 DEERFOOT LN N.

JACKSONVILLE, FL 32257

Ren 100

UBR 50
150

REINSTATEMENT 2001

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 **Charles E. Dickey II**

Date **12-4-1**

Daytime Phone # **904-739-2224**

Typed or printed name of signing Managing Member/Manager

CHARLES E. DICKEY II

CR2ED41 (9/01)