

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 29 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

L-6103

1. Limited Liability Company's Name

LITTLE TURKEY CREEK

2. Principal Office Address

3018 U.S. Hwy 301 N.

Suite, Apt. #, etc.

SKITE 100

City & State

TAMPA, FL

Zip

33619

Country

USA

3. Mailing Office Address

4521 W. CHILBREATH AVE.

Suite, Apt. #, etc.

City & State

TAMPA, FL

Zip

33609

Country

USA

4. State/Country of Formation

FLORIDA/USA

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

6. FEI Number

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

**\$500 Additional Fee required
for a Certificate of Status**

8. Name and Address of Current Registered Agent

Name

ROBERT D. TOLBERT, JR

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

4521 W. CHILBREATH AVENUE

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33609

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 D. Tolbert, Jr

REGISTERED AGENT MUST SIGN

Date

10/16/01

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
mclm	ROBERT D. TOLBERT, JR	4521 W. CHILBREATH AVENUE TAMPA, FL 33609	TAMPA/FL/33609
mclm	WILLIAM DARNEN	LUMB AVENUE	TAMPA/FL/33629

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 D. Tolbert, Jr

Date **10/16/01**

Daytime Phone # **(813) 918-8428**

Typed or printed name of signing Managing Member/Manager

ROBERT D. TOLBERT, JR

CR2E041 (8/01)