

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 DEC 28 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name

EZ TOP, LLC
L00000006954

2. Principal Office Address

4604 Shepherd Rd

Suite, Apt. #, etc.

3. Mailing Office Address

4604 Shepherd Rd

Suite, Apt. #, etc.

City & State

Plant city, FL

City & State

Plant city, FL

Zip

33565

Country

Zip

33565

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

3/1999

6. FEI Number

593-56-0352

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

EZ TOP LLC. Marek Harrison

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

4604 Shepherd Road

Suite, Apt. #, Etc.

000004762280-8

-01/09/02--01034--021

****150.00 ****150.00

City

Plant city

State

FL

Zip Code

33565

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

Marek Harrison

REGISTERED AGENT MUST SIGN

Date 12/26/2001

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	Marek Harrison	4604 Shepherd Rd	Plant city, FL 33565

REINSTATEMENT

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

Marek Harrison

Date

Daytime Phone # 813-754-6686

Typed or printed name of signing Managing Member/Manager

Marek R. Harrison