

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. **L00000007254**

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 16 PM 1:24

DOCUMENT # **L00000007254**

1. Limited Liability Company's Name

FEHR & FEHR, PLC

9/28/01

2. Principal Office Address

1101 GULF BREEZE PKWY

Suite, Apt. #, etc.

321

City & State

GULF BREEZE FL

Zip

32561

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

#

Zip

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

6-16-2000

6. FEI Number

59-3589477

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

BRUCE C. FEHR

000004640180-8

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

1101 GULF BREEZE PKWY

-10/17/01--01076--016

******150.00 ****150.00**

Suite, Apt. #, Etc.

321

City

GULF BREEZE

State

FL

Zip Code

32561

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

Bruce C. Fehr

REGISTERED AGENT MUST SIGN

Date **10-12-01**

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
OWNER			
MGRM	BRUCE C. FEHR	1101 GULF BREEZE PKWY STE 321	GULF BREEZE, FL 32561
			Rein \$100.00
			UBR 50.00
			150.00
			nc

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

Bruce C. Fehr

Date **10-12-01** Daytime Phone # **850-934-9961**

Typed or printed name of signing Managing Member/Manager

BRUCE C. FEHR