

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

02 JAN -7 AM 9:33

DOCUMENT # **L00000007432**

1. Limited Liability Company's Name

Bethel Holdings, LLC

300004777363--2
-01/16/02--01027--024
****150.00 ****150.00

2. Principal Office Address

1809 Springwood Drive

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Sarasota Florida

Zip
34232

Country
USA

City & State

Zip

Country

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified
To Do Business in Florida

June 20, 2000

6. FEI Number

65-1026275

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

Gordon L. Douglas

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

1809 Springwood Drive

Suite, Apt. #, Etc.

City

Sarasota

State

FL

Zip Code

34232

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

Gordon Douglas

Date **12/11/01**

REGISTERED AGENT MUST SIGN

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
MGRM	Gordon L. Douglas	1809 Springwood Drive	Sarasota FL 34232
MGRM	Eileen A. Douglas	1809 Springwood Drive	Sarasota FL 34232
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			UBR 50
			REINSTATEMENT 2001 150 up

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

Gordon L. Douglas

Date **12/11/01**

Daytime Phone #

941-342-1577

Typed or printed name of signing Managing Member/Manager

Gordon L. Douglas