


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 31 AM 10:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L00000007560

1. Limited Liability Company's Name  
MUTTS MOVING LLC

2. Principal Office Address <u>2217 FLAG ST</u> Suite, Apt. #, etc. <u>#9</u> City & State <u>JACKSONVILLE FL</u> Zip <u>32209</u> Country <u>DUVAL</u>		3. Mailing Office Address <u>2217 FLAG ST</u> Suite, Apt. #, etc. <u>#9</u> City & State <u>JACKSONVILLE FL</u> Zip <u>32209</u> Country <u>DUVAL</u>	
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4. State/Country of Formation <u>FL</u>	
5. Date Organized or Qualified To Do Business in Florida <u>00</u>	
6. FEI Number <u>59-3655331 150912</u>	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee required for a Certificate of Status</b>	

8. Name and Address of Current Registered Agent

Name <u>MUTTS MOVING LLC Douglas, Gwendolyn B.</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>2217 FLAG ST</u>	
Suite, Apt. #, Etc. <u>#9</u>	
City <u>JAX</u>	State <u>FL</u>
Zip Code <u>32209</u>	
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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 Gwen Baker Douglas Date 12/27/01  
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	Gwendolyn Baker Douglas	2217 FLAG ST #9	JAX FL 32209
MGRM	JERALD V. Douglas	2217 FLAG ST #9	JAX FL 32209

**REINSTATEMENT** dec

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 Gwen Baker Douglas Date 12/27/01 Daytime Phone # 904 7086035  
Typed or printed name of signing Managing Member/Manager Gwendolyn Baker Douglas

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