

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 #** L00000008568

**1. Limited Liability Company's Name**

3 M RENTALS, L.L.C.

300004777353--3  
-01/16/02--01027--020  
\*\*\*\*150.00 \*\*\*\*150.00

**2. Principal Office Address**

24860 Wax Myrtle Dr.

Suite, Apt. #, etc.

City & State

Bonita Springs, FL

Zip

34134

Country

USA

**3. Mailing Office Address**

24860 Wax Myrtle Dr.

Suite, Apt. #, etc.

City & State

Bonita Springs, FL

Zip

34134

Country

USA

**4. State/Country of Formation**

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

07/14/00

**6. FEI Number**

59-3661984

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

Harold Moore

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

24860 Wax Myrtle Dr.

Suite, Apt. #, Etc.

City

Bonita Springs

State

FL

Zip Code

34134

**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

*Harold Moore*  
REGISTERED AGENT MUST SIGN

Date 12/27/01

**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
MGR	Harold Moore	24860 Wax Myrtle Dr.	Bonita Springs, FL 34134
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			VBR 50
			150
	REINSTATEMENT 2001		nc

**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

*Harold Moore*

Date 12/27/01

Daytime Phone #

(941) 947-3475

Typed or printed name of signing Managing Member/Manager **Harold Moore**

CR2E041 (9/01)