

L000000011273

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 FEB 24 PM 4:02

DOCUMENT # L00000011273

1. Limited Liability Company's Name

MALCOLM LOWE ENTERPRISES, L.L.C.

REINSTATEMENT

2001-2004

2. Principal Office Address

6530 W HOMOSASSA TRAIL

Suite, Apt. #, etc.

City & State

LECANTO, FL

Zip

34460

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

9/15/2000

6. FEI Number

59-3672797

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required for a Certificate of Status

100030361581  
03/12/04--01020--007 \*\*305.00

LR 03/09/04

8. Name and Address of Current Registered Agent

Name

MALCOLM LOWE

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

2040 E HAMPSHIRE STREET

Suite, Apt. #, Etc.

City

INVERNESS

State

FL

Zip Code

34453

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

*M. D. Lawrence*

Date FEB 19, 2004

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	MALCOLM LOWE	2040 E HAMPSHIRE STREET	INVERNESS, FL 34453

REINSTATEMENT 2001-2004

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

*M. D. Lawrence*

Date 2/19/04

Daytime Phone # 352-628-4518

Typed or printed name of signing Managing Member/Manager MALCOLM LOWE,

CR2E041 (10/02)