

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L00000013488

1. Limited Liability Company's Name
D & L Enterprises, L.L.C.

2. Principal Office Address - No P.O. Box #
13925 Hunterwood Road

3. Mailing Office Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State
Jacksonville, Florida

City & State

Zip
32225

Country
USA

Zip

Country

8. Name and Address of Current Registered Agent

Name

Tommy Lyles

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

13925 Hunterwood Road

Apt. #, Etc

City

Jacksonville

State
FL

Zip Code
32225

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

Date 03/17/2020

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
AR	Tommy Lyles	13925 Hunterwood Road	Jacksonville, Florida 32225
MGR	Shirley Lyles	13925 Hunterwood Road	Jacksonville, Florida 32225

REINSTATEMENT

2018-2020

11. E-mail Address: lovetowearshoes@gmail.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Date 03/17/20

Daytime Phone #

904-613-6612

Typed or printed name of signing authorized representative/member

Tommy Lyles

FILED

2020 MAY 19 AM 9:18

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CR2E041 (1/14)

4. State/Country of Formation
Florida USA

5. Date Organized or Qualified
To Do Business in Florida 11/03/2000

6. FEI Number
59-3680473

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required for a certificate of status

MAY 20 2020

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