

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2003 JUN -9 PM 10:04

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

DOCUMENT # L00000014265

1. Limited Liability Company's Name

E+M ENTERPRISES LLC

2. Principal Office Address

12213 Count Place

Suite, Apt. #, etc.

City & State

THONOTOSASSA FL

Zip

33592

Country

Hillsborough

3. Mailing Office Address

12213 Count Place

Suite, Apt. #, etc.

City & State

THONOTOSASSA FL

Zip

33592

Country

Hillsborough

4. State/Country of Formation

Florida/Hillsborough

5. Date Organized or Qualified  
To Do Business in Florida

6. FEI Number

59-3703480

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

Elton S Powell

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

12213 Count Place

Suite, Apt. #, Etc.

City

THONOTOSASSA

State

FL

Zip Code

33592

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

*Elton S Powell*

REGISTERED AGENT MUST SIGN

Date

5/29/03

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	Elton S Powell	12213 Count Pl	THONOTOSASSA, FL 33592
MGRM	Michelle M Powell	12213 Count Pl	THONOTOSASSA FL 33592

REINSTATEMENT

2001-03-28

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

*Elton S Powell*

Date 5/29/03

Daytime Phone # 813 629-0332

Typed or printed name of signing Managing Member/Manager

Elton S Powell

CR2041 (10/02)