

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 MAR 17 PM 12:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2002-2003 USB
DOCUMENT # L 01000002974

1. Limited Liability Company's Name

LUNDCO LLC
Airc-master of West Central Florida

2. Principal Office Address

436 Archaic Dr SW

Suite, Apt. #, etc.

City & State

Winter Haven FL

Zip

33880

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

4. State/Country of Formation

FL / POLK

5. Date Organized or Qualified
To Do Business in Florida

02-01-01

6. FEI Number

59-3707307

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$500 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Doug N Lund

100014104881

03/17/03--01014--001 **100.00

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

436 Archaic Dr SW

Suite, Apt. #, Etc.

City

Winter Haven

State
FL

Zip Code

33880

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

REGISTERED AGENT MUST SIGN

Date 3-3-03

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
MGR/MANAGER	DOUG LUND	436 ARCHAIC DR.	WINTER HAVEN, FL 33880
MANAGER	JOSH LUND	5133 Williamstown Blvd	Lakeland, FL 33810
MANAGER	TY LUND	4894 Williamstown Blvd	Lakeland, FL 33810
MANAGER	BILL HICKEY	2301 Colony Club Dr	Lakeland, FL 33813

M THOMAS

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

Date

3-3-03

Daytime Phone #

863-199-4535

Typed or printed name of signing Managing Member/Manager

DOUG N LUND

CR2E041 (9/01)

292



*Aire-Master of
West Central Florida*

436 Archaic Dr. S.W.
Winter Haven, FL. 33880
Phone (863) 299-4535
Fax (863) 294-7162

March 03, 2003

Florida Dept of State
Division of Corporations
Corporate Records
P.O. Box 6327
Tallahassee, Florida 32314

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

To whom it may concern,

Lundco LLC did not get the form titled Limited Liability Company reinstatement last year. When we moved from Orlando to Winter Haven the form was not forwarded to us. Enclosed is a check in the amount of \$100.00 for last year and this year. This is the amount I was told to include. Thank you very much.

Doug N Lund
Managing Member