

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 MAR 23 AM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 101000004218

1. Limited Liability Company's Name

Automation Accessories L.L.C.

2. Principal Office Address - No P.O. Box #

11259-1 Business Park Blvd

3. Mailing Office Address

11259-1 business park blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

City & State

jacksonville, florida

Zip

32256

Country

duval

Zip

32256

Country

duval

4. State/Country of Formation

United State

5. Date Organized or Qualified
To Do Business in Florida

August 15, 2000

6. FEI Number

59-3774879

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

Gene Salano

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

5265 Julington Forest Drive

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32256

☐ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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 March 5, 2007

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	Gene Salano	5265 Julington Forest Drive	Jacksonville, FL 32256
			400095225214 03/28/07--01032--002 **400.00
			REINSTATEMENT 02-07

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 March 5, 2007

Daytime Phone # 904-880-7886

Typed or printed name of signing Managing Member/Manager Gene Salano