

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 JAN 13 AM 10:17

DOCUMENT # L01000007200

1. Limited Liability Company's Name

Facility Resource Services L.L.C.

2. Principal Office Address

5405 ORANGE Valley DRIVE  
Suite, Apt. #, etc.

City & State

Lakeland, FL

Zip  
33813

Country  
U.S.A.

3. Mailing Office Address

4798 S. FLA. AVE  
Suite, Apt. #, etc.

PMB 308

City & State

Lakeland FL

Zip  
33813

Country  
U.S.A.

**REINSTATEMENT** 03-05

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

May 8-2001

6. FEI Number

593718955

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

Kraig Woodrow

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

5405 ORANGE Valley DRIVE

Suite, Apt. #, Etc.

City

Lakeland

State

FL

Zip Code

33813

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

Kraig Woodrow

REGISTERED AGENT MUST SIGN

Date

1-9-05

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
<u>MGRM</u>	<u>Kraig Woodrow</u>	<u>5405 ORANGE Valley DR.</u>	<u>Lakeland, FL 33813</u>
<u>MGRM</u>	<u>Kurtis Woodrow</u>	<u>184 Route 47 South Cape May Courthouse</u>	<u>NJ 08210</u>

200044700522

01/13/05--01064--006 \*\*250.00

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

Kraig Woodrow

Date

1-9-05

Daytime Phone #

863-646-2797

Typed or printed name of signing Managing Member/Manager

Kraig Woodrow

CR2E041 (10/02)