

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE



William Smith
Secretary of State
OFFICE OF CORPORATIONS

L01000012125

FILED

02 DEC 10 PM 5:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. DOCUMENT # L01000012125

Name and Mailing Address

0009769 01 FP 0.352 **PRSRT H4 0 0615 32937-385134



THE LAIRD GROUP, LLC

734 HAWKSBILL ISLAND DR.

SATELLITE BEACH FL 32937-3851

2. New Mailing Address

City, State, Zip

Principal Place of Business

734 HAWKSBILL ISLAND DR.

SATELLITE BEACH FL 32937

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

07/24/2001

6. FEI Number

43-1980015

Not Applicable

Not Applicable

CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

CR2E084 (8/02)

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY

1201 HAYS STREET

TALLAHASSEE FL 32301-2525

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

10. 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

10/31/02

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)

Name of Managing
Members/Managers

Street Address of Each
Managing Member/Manager

City / State / Zip

Richard K. Laird
Managing Member

734 Hawkswill Island Dr.

Satellite Beach
FL 32903

500009562305
12/17/02--01070--001 **150.00

REINSTATEMENT 2002

BH

12. 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

10/29/02

Daytime Phone #

321-693-

9230