

PLEASE PRINT AND INSTRUCT TO BE COMPLETED THIS FORM.

APPLICATION FOR

FLORIDA DEPARTMENT OF

James

Secretary of State

DIVISION OF CORPORATIONS

REINSTATEMENT

FILED

1. DOCUMENT # L01000012991

Name and Mailing Address

0006608 01 FP 0.352 **PRST TO O 0615 33803-363534

J.A. RODDA, L.C.

2128 EDGEWOOD DR., STE 109

LAKELAND FL 33803-3635

02 OCT 29 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100008683051

10/29/02--01185--005 **100.00

502132914561

05/06/02 90133 049 \$ 50.00



2. New Mailing Address

Same

City, State, Zip

Principal Place of Business

2128 EDGEWOOD DR., STE 109
LAKELAND FL 33803

3. New Principal Place of Business Address

Same

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified To Do Business in Florida

08/02/2001

6. FEI Number

59-3550119

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

RODDA, JOHN A
2128 EGDEWOOD DR., STE 109
LAKELAND FL 33803

9. Name and Address of New Registered Agent

Name

Same

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

[Signature]

Date 10/23/02

REGISTERED AGENT MUST SIGN

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
MEM	John Rodda	2128 Edgewood Dr. Ste 109 Lakeland, FL 33803	
GRM	H. Lee Wall	225 E. Lemon St. Ste 205 Lakeland, FL 33801	

REINSTATEMENT 2002

[Signature]

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

[Signature]

Date 10/23/02

Daytime Phone # 863-683-0708

Typed or printed name of signing Managing Member/Manager

H. Lee Wall

CR2E084 (8/02)