

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 06, 2007 8:00 A.M.
Secretary of State

DOCUMENT # 601000015325

1. Limited Liability Company's Name

Central Florida Pump & Motor Service L.L.C.

300104120283

06/08/07 01133-022 \$355.00
CR2E041 (1/07)

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

1721 Benbow Court

Suite, Apt. #, etc.

Unit C

City & State

Apopka Florida

Zip

32703

Country

USA

3. Mailing Office Address

Same as Principal Office

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

9/7/2001

6. FEI Number

593742530

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

James C Snowden Jr.

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

1721 Benbow Court

Suite, Apt. #, Etc.

Unit C

City

Apopka

State

FL

Zip Code

32703

☐ 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

James C Snowden Jr.
REGISTERED AGENT MUST SIGN

Date 5/30/07

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	James C Snowden Jr	615 W King St.	Orlando FL 32804

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

James C Snowden Jr.

Date 5/30/07

Daytime Phone # 407/880-2993

Typed or printed name of signing Managing Member/Manager

James C Snowden Jr.