

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC -8 AM 11:40

DOCUMENT # LO1000015521

1. Limited Liability Company's Name

George w. McNeill, Jr. Holdings, LLC

800025264918
12/08/03--01003--009 **150.00

2. Principal Office Address

2113 Curry Road

Suite, Apt. #, etc.

3. Mailing Office Address

2113 Curry Road

Suite, Apt. #, etc.

City & State

LOTZ, FL

City & State

LOTZ, FL

Zip

33549

Country

USA

Zip

33549

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

Sept 11, 2001

6. FEI Number

65-1136803

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

Dorothy J. McNeill

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

2113 Curry Road

Suite, Apt. #, Etc.

City

LOTZ

State

FL

Zip Code

33549

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

Dorothy J. McNeill

REGISTERED AGENT MUST SIGN

Date Dec 2, 2003

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 MGR	<u>George w. McNeill, Jr.</u>	<u>2113 Curry Road</u>	<u>LOTZ, FL 33549</u>
MGR MGR	<u>Dorothy J. McNeill</u>	<u>2113 Curry Road</u>	<u>LOTZ, FL 33549</u>

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

Dorothy J. McNeill

Date 12/2/03

Daytime Phone # 813 273-4200

Typed or printed name of signing Managing Member/Manager

CR25041 (10/02)