

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



AND  
FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000021276

Name and Mailing Address

0006388 01 FP 0.352 \*\*PRSR TO 0 0615 33544-540507



NEONET ENTERPRISES, L.L.C.  
27707 ARLINGTON ROAD  
WESLEY CHAPEL FL 33544-5405



2. New Mailing Address

5348 FIRST AVE. NORTH

City, State, Zip

ST. PETERSBURG FLORIDA 33710

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

12/06/2001

Principal Place of Business

27707 ARLINGTON ROAD  
WESLEY CHAPEL FL 33544

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number

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

WHITE, RONALD C  
5348 FIRST AVENUE NORTH  
ST. PETERSBURG FL 33710

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

*Ronald C. White*

REGISTERED AGENT MUST SIGN

Date

November 11, 2002

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
MGRM	LUCAS, CATHERINE A	27707 ARLINGTON ROAD	WESLEYCHAPEL FL 33544
MGRM	BROWN, ERIC A JR	27707 ARLINGTON ROAD	WESLEYCHAPEL FL 33544

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REINSTATEMENT 2002

TR

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

*Catherine A. Lucas*

Date

Nov 11/02

Daytime Phone #

(813)-907-6940

Typed or printed name of signing Managing Member/Manager

CATHERINE A. LUCAS

CR2E084 (8/02)