

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 SEP 20 AM 9:45

DOCUMENT # LD/000021321

1. Limited Liability Company's Name

Mercy Enterprises LLC

600109717316  
09/20/07--01060--011 \*\*300.00

CR2E041 (1/07)

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

550 East Desoto St

Suite, Apt. #, etc.

3. Mailing Office Address

550 East Desoto St

Suite, Apt. #, etc.

City & State

Clermont, FL

Zip

34711

Country

U.S.

City & State

Clermont, FL

Zip

34711

Country

U.S.

4. State/Country of Formation

Florida / US

5. Date Organized or Qualified  
To Do Business in Florida

12/10/2001

6. FEI Number

593759998

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

Sonya Montgomery

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

550 East Desoto St

Suite, Apt. #, Etc.

City

Clermont

State

FL

Zip Code

34711

☒ 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

Sonya Montgomery

REGISTERED AGENT MUST SIGN

Date Sept 19, 2007

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
<u>PRES.</u> <u>MGR</u>	<u>Sonya Montgomery</u>	<u>550 East Desoto St</u>	<u>Clermont FL 34711</u>

REINSTATEMENT

W/O

2004-2007

BLT

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

Sonya Montgomery

Date Sept 19, 2007

Daytime Phone # 321 438 9703

Typed or printed name of signing Managing Member/Manager

Sonya Montgomery