

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Smiley
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 30 PM 1:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000022332

Name and Mailing Address

0006182 01 FP 0.352 **PRSR T9 0 0615 32601-510909



TASCO 34 ENTERPRISES, LLC
ATTN: ARTHUR D. KLEIN, IV
1209 WEST UNIVERSITY AVENUE
GAINESVILLE FL 32601-5109

000009733620
12/30/02--01028--008 **150.00



2. New Mailing Address

City, State, Zip

SAME

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

12/19/2001

Principal Place of Business

ATTN: ARTHUR D. KLEIN, IV
1209 WEST UNIVERSITY AVENUE
GAINESVILLE FL 32601

3. New Principal Place of Business Address

City, State, Zip

SAME

6. FEI Number

010648816

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

KLEIN, ARTHUR D IV
1209 WEST UNIVERSITY AVENUE
GAINESVILLE FL 32601

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

SAME

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

A. Deo Klein

REGISTERED AGENT MUST SIGN

Date 12/20/02

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
Pres	A Deo Klein III	PB box 1928	Statesboro GA 30459
My Member	TARA SANDERS	po box 1928	
My Member	Scott Sanders	po box 1928	
My Member	A Deo Klein IV	1209 W Univ Ave	
			Gainesville FL 32601

REINSTATEMENT 2002

ALL

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

A. Deo Klein

Date

12/20/02

Daytime Phone #

352 538 4253

Typed or printed name of signing Managing Member/Manager

A DEO-Klein IV

CR2E084 (8/02)