PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
21 FEB 10 PM 12:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Limited Liability Company's Name
AS & C, L.L.C.

Principal Office Address - No P.O. Box #		3. Mailing Office Address	
5701 HWY 50		15701 HWY 50	
uite, Apt. #, etc.		Suite, Apt. #, etc	
uite 204		Suite 204	
ity & State		City & State	
lermont, FL		Clermont, FL	
Zip	Country	Zip	Country
4711	US	34711	US

4. State/Country of Formation: Florida, US

5. Date Organized or Qualified To Do Business in Florida: 10/13/2020

6. FEI Number: 01-0612602 ☐ 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
orthwest Registered Agent LLC

Street Address (P.O. Box Number is Not Acceptable) Suite
901 4th St N

Apt. #, Etc.
TE 300

City	State	Zip Code
t. Petersburg	FL	33702

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: Tom Glover Date: 01/05/2021

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
Mgrm	Derrick Small	15701 HWY 50, Suite 204	Clermont, FL 34711
		16 - 21	
		dcc	
			34736

11. E-mail Address: _____
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member: D. Small Date: 1/20/21 Daytime Phone #: 862-273-1265

Derrick Small