

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 DEC 26 AM 11:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000003748

Name and Mailing Address

0009185 01 AT 0.292 \*\*AUTO T4 0 0615 33602-578521

CDTAINMENT, L.L.C.  
1121 SHIPWATCH CIRCLE  
TAMPA FL 33602-5785



200024080922

2. New Mailing Address

City, State, Zip

Principal Place of Business

1121 SHIPWATCH CIRCLE  
TAMPA FL 33602

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

02/13/2002

6. FEI Number

01-0622618

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

MICKLER, BRYAN K  
5452 ARLINGTON EXP.  
JACKSONVILLE FL 32211

9. Name and Address of New Registered Agent

Name

ROBERT JAMES WATERSTON ID

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

1121 SHIPWATCH CIR

City

TAMPA

FL

Zip Code

33602

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

SIGNATURE REQUIRED

Date

10/10/07

REGISTERED AGENT MUST SIGN

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
MEM	ROBERT JAMES WATERSTON ID	1121 SHIPWATCH CIR	TAMPA FL 33602
MEM	CEDECK A. TURNER	1121 SHIPWATCH CIR	TAMPA FL 33602
MEM	BRYAN K MICKLER	5452 ARLINGTON EXP	JACKSONVILLE FL 32211

REINSTATEMENT 03

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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

SIGNATURE REQUIRED

Date

10/10/07

Daytime Phone # 813.226.2654

Typed or printed name of signing Managing Member/Manager

ROBERT JAMES WATERSTON ID

CR2E084 (7/03)