

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 OCT 27 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000011867

Name and Mailing Address

0017640 01 FP 0.352 **PRSRT T4 0 0815 33615

UNIVERSAL CONTAINER REAL ESTATE, L.L.C.
11805 S.R. 54
ODESSA FL 33615



2. New Mailing Address

City, State, Zip

Principal Place of Business

11805 S.R. 54
ODESSA FL 33615

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

05/16/2002

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

NASH, THOMAS C II
625 COURT STREET, SUITE 200
CLEARWATER FL 33756

9. Name and Address of New Registered Agent

Name

Robert L. Bears

Street Address (P.O. Box Number is also acceptable)

11805 SR 54

City

Odessa

FL

Zip Code

33556

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]
REGISTERED AGENT MUST SIGN

Date 10/24/03

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	BEARS, ROBERT R JR	1756 EAST LAKE WOODLANDS PARKWAY	OLDSMAR FL 34677
MGRM	BEARS LEIBEGOTT, LISA A	140 PERRYVILLE ROAD	REHOBOTH MA 02769

000024171600
10/27/03-01095-011 **150.00

REINSTATEMENT

03
dec

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]

Date

10/24/03

Daytime Phone #

727 376-0036

Typed or printed name of signing Managing Member/Manager

Robert L. Bears JR