

▲ Tear Here ▲

▲ Tear Here ▲

▲ Tear Here ▲

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

1. **DOCUMENT #** L02000014240

Name and Mailing Address

03 OCT 30 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0003678 01 AT 0.292 **AUTO T6 0 0615 32812-197780



FLORIDA NOTARY UNDERWRITERS, L.L.C.
880 LENMORE COURT
ORLANDO FL 32812-1977



2. **New Mailing Address**

P.O. Box 940489

City, State, Zip

MAITLAND FL 32794-0489

Principal Place of Business

**880 LENMORE COURT
ORLANDO FL 32812**

3. **New Principal Place of Business Address**

1906 Howell Branch

City, State, Zip

Winter Park

4. **State/Country of Formation**
FL

5. **Date Organized or Qualified
To Do Business in Florida**

06/10/2002

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**

**CRAMER, CHARLES W.
1411 EDGEWATER DR. STE. 100
ORLANDO FL 32804**

Name:

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

City

FL

Zip Code

9. **Name and Address of New Registered Agent**

10. I, being appointed the registered agent for the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

[Signature]

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/27/03

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
<i>Pres.</i>	Derrick Huckleberry	1114 Campbell St	Orlando FL 32804

000024285300
10/30/03--01033--017 **155.00

REINSTATEMENT

*03 cus
etc*

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

10/29/04

Daytime Phone #

407-257-1885

Typed or printed name of signing Managing Member/Manager

CR2E084 (7/03)