

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 NOV 10 AM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (10/09)

DOCUMENT # **L02000016293**

1. Limited Liability Company's Name

CENTURION SERVICES, LLC

2. Principal Office Address - No P.O. Box #

4545 OLD COLONY RD.

Suite, Apt. #, etc.

3. Mailing Office Address

(Same)

Suite, Apt. #, etc.

4. State/Country of Formation

FL/USA

5. Date Organized or Qualified
To Do Business in Florida

JUNE 28, 2002

6. FEI Number

30-0090637

Applied For

Not Applicable

\$5.00 Additional Fee
required for a
Certificate of Status

7. CERTIFICATE OF STATUS DESIRED ☒

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement fee be waived.

8. Name and Address of Current Registered Agent

Name

MARIA I. CRESPO

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

4545 OLD COLONY RD.

Suite, Apt. #, Etc.

City

MULBERRY

State

FL

Zip Code

33860

9. 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

Maria I. Crespo

Date

11/5/09

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City/State/Zip
MANAGING MEMBER	MARIA I. CRESPO	4545 OLD COLONY RD.	MULBERRY, FL 33860

200162846758
11/09/09--01069--025 **\$976.25

REINSTATEMENT 03-09

DBRUC

11. E-mail Address:

ccrespo1@tampabay.rr.com

(To be used for future annual report notifications)

12. I certify that I am a managing member/manager or the receiver or trustee empowered to execute this application as provided 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

Maria I. Crespo

Date

11/5/09

Daytime Phone #

(803) 608 0667

Typed or printed name of signing Managing Member/Manager

MARIA I. CRESPO