

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2008 JUN 12 P 4: 15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E041 (12/07)

**DOCUMENT # L02000017982**

1. Limited Liability Company's Name

Service Concepts, LLC

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

894 SE County Road 21B

Suite, Apt. #, etc.

City & State

Melrose, FL 32666

Zip

32666

Country

USA

3. Mailing Office Address

~~894 SE County Road 21B~~

Suite, Apt. #, etc.

City & State

Keystone Heights, FL  
Melrose, FL 32666

Zip

32666

Country

USA

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified  
To Do Business in Florida

07/16/2002

6. FEI Number

46-0496968-

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

Gladys Lynn Haddock

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

894 SE County Road 21B

Suite, Apt. #, Etc.

City

Melrose

State

FL

Zip Code

32666

☒ 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 be waived.

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

*Gladys Lynn Haddock*

REGISTERED AGENT MUST SIGN

Date 5/23/08

**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
MGR Pres.	Gladys Lynn Haddock	894 SE County Road 21B	Melrose, FL 32666

11. 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

*Gladys Lynn Haddock*

Date 5/23/08

Daytime Phone # 352-235-4352

Typed or printed name of signing Managing Member/Manager

Gladys Lynn Haddock

Former  
Managing  
Member *Craig A. Barnthouse*

Date: 5-23-08 Daytime  
Phone: 904-553-5598  
4315 Pablo Oaks Court, Suite 2  
Jacksonville, FL 32224