

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

03 OCT 28 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # L02000019758**

1. Limited Liability Company's Name

Abbott, Alderman & Associates, LLC

2. Principal Office Address

1006 No. Woodland Blvd.

3. Mailing Office Address

1006 No. Woodland Blvd.

Suite, Apt. #, etc.

Suite A

Suite, Apt. #, etc.

Suite A

City & State

DeLand FL

City & State

DeLand FL

Zip

32720

Country

USA

Zip

32720

Country

USA

4. State/Country of Formation

Florida USA

5. Date Organized or Qualified  
To Do Business in Florida

08/05/2002

6. FEI Number

55 0789698

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

Mark Dale Alderman

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

1006 No. Woodland Blvd.

000024187330

10/28/03--01012--003 \*\*155.00

Suite, Apt. #, Etc.

Suite A

City

DeLand

State  
FL

Zip Code  
32720

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

REGISTERED AGENT MUST SIGN

Date October 24, 2003

**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
MGRM	Dale J. Abbott	1006 No. Woodland Blvd., Suite A	DeLand FL 32720
MGR	Mark Dale Alderman	1006 No. Woodland Blvd., Suite A	DeLand FL 32720
MGRM	Dreggors, Rigsby & Teal, P.A.	1006 No. Woodland Blvd., Suite A	DeLand FL 32720

**REINSTATEMENT**

03

dec

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

Date 10/24/2003

Daytime Phone #

Mark Dale Alderman

Typed or printed name of signing Managing Member/Manager

CR2041 (10/02)

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**HUDDLESTON & TEAL P.A.**  
**ATTORNEYS AT LAW**

**MICHAEL C. HUDDLESTON ♦ MICHAEL S. TEAL ♦ ADAM L. SACKS**

*REPLY TO ORANGE CITY OFFICE*

**October 24, 2003**

114 West Rich Avenue  
DeLand, Florida 32720  
(386) 738-3400  
Fax (386) 738-4300

1512 South Volusia Avenue  
Orange City, Florida 32763  
(386) 775-3210  
Fax (386) 775-6600

Department of State  
Division of Corporations  
Registration Section  
P. O. Box 6327  
Tallahassee FL 32314

Re: Abbott, Alderman & Associates, LLC

Dear Sirs:

Enclosed is an LLC Reinstatement on behalf of subject corporation, together with payment in the amount of \$155.00, covering the reinstatement fee, annual report fee and certificate of status fee.

It was recently brought to the corporation's attention that the mailing address was incorrectly stated as So. Woodland Blvd. instead of No. Woodland Blvd. Therefore, the forms for the annual report were not received by the corporation.

Thank you for your prompt assistance in the filing of this reinstatement.

Very truly yours,

Michael S. Teal  
MST/nae  
Enc.