

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 SEP 14 PM 2:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000026271

1. Limited Liability Company's Name

RON THORPE'S SERVICES, LLC

300041020803
09/14/04--01009--002 **205.00

2. Principal Office Address

11315 SW 152nd Terrace

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33157

Country

USA

3. Mailing Office Address

P.O. Box 0425

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33257-0425

Country

USA

4. State/Country of Formation

Florida

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

10-4-02

6. FEI Number

41-2061659

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

E. T. Hunter, Esq.

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

1930 Tyler Street

Suite, Apt. #, Etc.

City Hollywood

State
FL

Zip Code
33020

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**

E. T. Hunter

Date 9-9-04

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
MEM	Roland James Thorpe	P.O. Box 0425	Miami, FL 33257

REINSTATEMENT 2003-2004

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

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

RONALD JAMES THORPE