

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 OCT 23 AM 10:45

DOCUMENT # **L02000026304**

1. Limited Liability Company's Name

S.P.S., L.L.C.

2. Principal Office Address

7150 20th Street

Suite, Apt. #, etc.

Suite N

City & State

Vero Beach, FL

Zip

32966

Country

Indian River

3. Mailing Office Address

7150 20th Street

Suite, Apt. #, etc.

Suite N

City & State

Vero Beach, FL

Zip

32966

Country

Indian River

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

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

Name

Deborah S. Smith

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

7150 20th Street

Suite, Apt. #, Etc.

Suite N

City

Vero Beach

State

FL

Zip Code

32966

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

Deborah S. Smith

REGISTERED AGENT MUST SIGN

Date **10-20-03**

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
mgm	Deborah S. Smith		
o	7150 20th St.		
	Suite N,		
	Vero Beach, FL.		
	32966		
	called 11/14 spoke w/D Smith		

REINSTATEMENT 2003

nc

11/14

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

Deborah S. Smith

Date **10-20-03**

Daytime Phone # **772-778-4878**

Typed or printed name of signing Managing Member/Manager

Deborah S. Smith

CR20041 (10/02)