

7-16-05  
200.02

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

06 MAR 17 AM 10:07

**DOCUMENT #**

LO3000003071

**1. Limited Liability Company's Name**

A.A. Merritt LLC

CR2E041 (8/05)

**2. Principal Office Address**

1811 SE 38 Ct.

**3. Mailing Office Address**

1811 SE 38 Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ocala Florida

City & State

Ocala, Florida

Zip

34471

Country

USA

Zip

34471

Country

USA

**4. State/Country of Formation**

Florida, USA

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

1-24-03

**6. FEI Number**

56-2315985

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

Mary R. Abraben

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

1811 SE 38 Court

Suite, Apt. #, Etc.

City

Ocala

State  
FL

Zip Code

34471

**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

Mary R. Abraben  
REGISTERED AGENT MUST SIGN

Date

2-27-06

**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
Partner	Sturdevant S. Nye	6737 Simms St.	Hollywood, Fl. 33024
Partner	Jonathan O. Nye	15 Zebulon Pl.	Palm Coast Fl. 32104
Partner	Elizabeth J. French	7 Leacrest Rd.	Toronto, Canada M4G1E4
"	Mary R. Abraben	1811 SE 38 Ct.	Ocala, Fl. 34471
		REINSTATEMENT	05-06
		200069535232	04/09/06--01032--012 ***205 00

**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

Mary R. Abraben

Date

2-27-06

Daytime Phone #

352-624-3951

Typed or printed name of signing Managing Member/Manager

Mary R. Abraben