

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2009 NOV -3 AM 10:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300162392683
11/02/09--01034--001 **343.75

CR2E041 (10/08)

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000006875

1. Limited Liability Company's Name

Patrick H. Willis, PL

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

6656 Crenshaw Drive

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32835

Country

USA

3. Mailing Office Address

6656 Crenshaw Drive

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32835

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified

To Do Business in Florida 2/12/2003

6. FEI Number

721553896

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

Patrick H. Willis

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

6656 Crenshaw Drive

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32835

☒ 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

REGISTERED AGENT MUST SIGN

Date 10/29/09

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	Patrick H. Willis	6656 Crenshaw Drive	Orlando, FL 32835

REINSTATEMENT - 08-09

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 10/29/09

Daytime Phone# 407-760-9814

Typed or printed name of signing Managing Member/Manager Patrick H. Willis