

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 JUL -1 PM 12:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600209581996
07/01/11--01043--004 **\$55.00
CR2E041 (1/11) 08-11

DOCUMENT # L03000008494

1. Limited Liability Company's Name

SURPLUS SALES OF FLORIDA LTD. CO.

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

16823 US HIGHWAY 19 N

Suite, Apt. #, etc.

3. Mailing Office Address

C/O 107 ROY KIDD AVE

Suite, Apt. #, etc.

City & State

HUDSON, FL

City & State

CORBIN, KY

Zip

34667

Country

US

Zip

40701

Country

US

4. State/Country of Formation

FL/US

5. Date Organized or Qualified

To Do Business in Florida **03/10/2003**

6. FEI Number

41-2084370

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

E-mail Address:

cstevens@fkperkins.com

(To be used for future annual report notices)

8. Name and Address of Current Registered Agent

Name

MAYNARD MAYTON

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

16823 US HIGHWAY 19 N

Suite, Apt. #, Etc.

City

HUDSON

State

FL

Zip Code

34667

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

Maynard Mayton

Date **6-28-11**

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
PRESIDENT	MAYNARD MAYTON	C/O 107 ROY KIDD AVE.	CORBIN, KY 40701

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing

Member/Manager

Maynard Mayton

Date **06/28/2011**

Daytime Phone # **606-258-1152**

Typed or printed name of signing Managing Member/Manager