

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2014 MAR 13 PM 12:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L03000028202**

1. Limited Liability Company's Name

M & S, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #
14824 N. FLORIDA AVE

Suite, Apt. #, etc.

City & State
TAMPA, FL

Zip Country
33613 U.S.A.

3. Mailing Office Address
14824 N FLORIDA AVE

Suite, Apt. #, etc.

City & State
TAMPA, FL

Zip Country
33613 U.S.A.

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified
To Do Business in Florida
07/31/2003

6. FEI Number
200196577

☐ 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

JOHNSON, LEONARD H

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

37837 MERIDIAN AVENUE

Suite, Apt. #, Etc.

314

City
DADE CITY

State Zip Code
FL 33525

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9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date **3/12/14**

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGRM	TRINITY HOME BUILDERS, INC.	750 NORTHLAWN DRIVE	COLUMBUS, OH 43214
MGRM	MOBLEY, TIMOTHY F	14824 N FLORIDA AVE	TAMPA, FL 33613

REINSTATEMENT

09-14

11. E-mail Address:

lenj@dadecitylaw.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

Date **03/07/2014**

Daytime Phone # **352-567-2500**

Typed or printed name of signing Authorized Representative/Manager **LEONARD H. JOHNSON**