

LO3000033710

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

07 JUL 16 AM 8:44

DOCUMENT #

1. Limited Liability Company's Name

UNITED ESTIMATICS LLC
DOC# LO3000033710

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

13400 WAGNER DR

Suite, Apt. #, etc.

3. Mailing Office Address

8215 SR 53

Suite, Apt. #, etc.

City & State

HUDSON FL

City & State

HUDSON FL

Zip

34667

Country

USA

Zip

34667

Country

USA

4. State/Country of Formation

USA

5. Date Organized or Qualified
To Do Business in Florida

9/5/03

6. FEI Number

92-0180064

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

JAMES MICHAUD

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

13400 WAGNER DR

Suite, Apt. #, Etc.

City

HUDSON

State

FL

Zip Code

34667

☒ 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

James Michaelud
REGISTERED AGENT MUST SIGN

Date 7/11/07

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
MGR	JAMES MICHAUD	13400 WAGNER DR	HUDSON FL 34667
MGR	ANTONETTE MICHAUD	13400 WAGNER DR	HUDSON FL 34667
	FF \$200 RF N/A		BLT

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REINSTATEMENT

2004-2007

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

James Michaelud

Date 7/11/07

Daytime Phone# 888-869-0266

Typed or printed name of signing Managing Member/Manager

JAMES MICHAUD