

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY 23 PM 2:32

DOCUMENT # **L03000038649**

1. Limited Liability Company's Name

LAS & ASSOCIATES, L.L.C.

300129918703
05/21/08--01004--013 **555.00

CR2E041 (12/07)

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

3413 ELLENWOOD LANE

Suite, Apt. #, etc.

3. Mailing Office Address

3413 ELLENWOOD LANE

Suite, Apt. #, etc.

City & State

TAMPA FLORIDA

City & State

TAMPA FLORIDA

Zip

33618

Country

USA

Zip

33618

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

10/2/2003

6. FEI Number

20-0359475

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

LAURA A STEWART

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

3413 ELLENWOOD LANE

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33618

☒ 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

Laura A Stewart

Date **5/15/2008**

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
MANAGER	LAURA A. STEWART	3413 ELLENWOOD LANE	TAMPA FL 33618

REINSTATEMENT

w/o/p 05-08

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

Laura A Stewart

Date **5/15/2008**

Daytime Phone # **813-25-1425**

Typed or printed name of signing Managing Member/Manager

LAURA A. STEWART