

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

13 JAN 28 AM 10:46

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **W3000042424**

1. Limited Liability Company's Name

LARRY'S BACKHOE SERVICE

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

403 WOODVILLE HWY

Suite, Apt. #, etc.

City & State

CRAWFORDVILLE

Zip

32327-0610

Country

USA

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

FI

Zip

32327-0610

Country

USA

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

51-0488030

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

CR2E041 (1/11)

8. Name and Address of Current Registered Agent

Name

MAUREEN CRAFT

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

ABOVE 403 WOODVILLE HWY

Suite, Apt. #, Etc.

City

CRAWFORDVILLE

State

FL

Zip Code

32327

E-mail Address:

900244086519

01/28/13--01008--005 **516.25

MAUREENCRAFT@GMAIL.COM

(To be used for future annual report notices)

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

Maureen E Craft

REGISTERED AGENT MUST SIGN

Date **1-28-13**

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 |
|------------|--------------------------------------|--|--------------------------------|
| MGM | LARRY CRAFT | 403 WOODVILLE HWY ABOVE | CRAWFORDVILLE, FI 32327 |
| MGM | MAUREEN CRAFT | 403 WOODVILLE HWY ABOVE | CRAWFORDVILLE, FI 32327 |
| | | | |
| | | | |
| | | | |
| | | | |

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

Maureen E Craft

Date **1-28-13**

Daytime Phone

(850) 556-9694

Typed or printed name of signing Managing Member/Manager