

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

06 MAR 27 AM 8:43

DOCUMENT # 203000045772

1. Limited Liability Company's Name

STEVEN W. LEANDER L.L.C.

2. Principal Office Address

20009 N.E. 114 AV

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. BOX 5129

Suite, Apt. #, etc.

City & State

EARLTON FLA,

City & State

GAINESVILLE FLA

Zip

32631

Country

ALACHUA

Zip

32627

Country

ALACHUA

4. State/Country of Formation

FLORIDA / CLAY

5. Date Organized or Qualified
To Do Business in Florida

12/19/2003

6. FEI Number

593084329

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

STEVEN W. LEANDER

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

20009 N.E. 114 AVE

Suite, Apt. #, Etc.

City

EARLTON

State

FL

Zip Code

32631

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

Steven W Leander

Date 3/19/2006

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
<u>MGR</u>	<u>STEVEN W. LEANDER</u>	<u>20009 N.E. 114 AVE</u>	<u>EARLTON FLA 32631</u>
			<u>200069919112</u>
			<u>04/10/06--01015--025 **255.00</u>
			<u>REINSTATEMENT 04-06</u>

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

STE W Le

Date 3/19/06

Daytime Phone #

352 4681240

Typed or printed name of signing Managing Member/Manager

STEVEN W. LEANDER

352 2751391