

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 FEB -2 AM 10:40

DOCUMENT # L 03000045848

1. Limited Liability Company's Name

DONALD L AMICK, LLC

800065832828
02/14/06--01037--001 **250.00

CR2E041 (8/05)

2. Principal Office Address
5900 CLEVELAND DRIVE

3. Mailing Office Address
5900 CLEVELAND DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
PUNTA GORDA, FL

City & State
PUNTA GORDA, FL

Zip
33982

Country
UNITED STATES

Zip
33982

Country
UNITED STATES

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified
To Do Business in Florida 11-19-03

6. FEI Number
20-4101746

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
DONALD L AMICK

Street Address (P.O. Box Number is Not Acceptable)
5900 CLEVELAND DR

Suite, Apt. #, Etc.

City
PUNTA GORDA

State
FL

Zip Code
33982

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 *Donald L Amick*

Date 1-12-06

*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
Managers	DONALD L. Amick	5900 CLEVELAND DR	PUNTA GORDA, FL 33982

REINSTATEMENT 04-06

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 *Donald L Amick* Date 1/12/06 Daytime Phone # 941-575-4138

Typed or printed name of signing Managing Member/Manager DONALD L AMICK