

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 APR 27 PM 2:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200176299672
04/21/10--01028--009 **416.25

CR2E041 (11/09)

DOCUMENT # L03000046719

1. Limited Liability Company's Name

WILLIAM SANDERS GENERAL CONTRACTOR LLC

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

2220 KEYKA AVE

Suite, Apt. #, etc.

3. Mailing Office Address

2220 KEYKA AVE

Suite, Apt. #, etc.

City & State

LEESBURG FL

City & State

LEESBURG FL

Zip

34748

Country

USA

Zip

34748

Country

USA

4. State/Country of Formation

FL / USA

5. Date Organized or Qualified
To Do Business in Florida

11/21/03

6. FEI Number

254 17 8891

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

ENIX & ASSOCIATES LLC

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

367 W. ALFRED STREET

Suite, Apt. #, Etc.

City

TAVARES

State

FL

Zip Code

32778

☒ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date 4/19/10

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	WILLIAM SANDERS	2220 KEYKA AVE	LEESBURG FL 34748
	L. SELLERS		
	APR 29 2010		
	EXAMINER		
		REINSTATEMENT	0810

11. E-mail Address: N/A

(To be used for future annual report notifications)

12. 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

[Signature]

Date 4/19/10

Daytime Phone (352) 308-1883

Typed or printed name of signing Managing Member/Manager

WILLIAM F SANDERS