

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2007 MAR 23 AM 9:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

DOCUMENT # L03000047536

1. Limited Liability Company's Name

Thomas D Moore LLC

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

2555 Doyle RD

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 1158

Suite, Apt. #, etc.

City & State

Osteen FL

City & State

Osteen FL

Zip

32764

Country

USA

Zip

32764

Country

USA

4. State/Country of Formation

FL USA

5. Date Organized or Qualified  
To Do Business in Florida

11/25/03

6. FEI Number

320102183

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$500 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Thomas D Moore

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

2555 Doyle RD

Suite, Apt. #, Etc.

PO Box 1158

City

Osteen

State

FL

Zip Code

32764

☐ 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]

Date

3/12/07

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>MR</u>	<u>Same as above</u>		
	<u>Thomas D. Moore</u>	<u>2555 Doyle Rd.</u>	<u>Osteen FL</u>

100095254691  
03/29/07--01060--005 \*\*300.00

REINSTATEMENT 04-07

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

[Signature]

Date

3/12/07

Daytime Phone #

386 233 5427

Typed or printed name of signing Managing Member/Manager

Thomas Moore