

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

11 AUG 12 PM 12:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

800211008078  
08/12/11--01017--023 \*\*377.50  
CR2E041 (1/11)

DOCUMENT # L03000047761

1. Limited Liability Company's Name

MARK'S PLUMBING SERVICES LLC

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

108 DINGLER DRIVE

Suite, Apt. #, etc.

3. Mailing Office Address

PO BOX 628

Suite, Apt. #, etc.

City & State

CARRABELLE, FL

City & State

CARRABELLE, FL

Zip

32322

Country

US

Zip

32322

Country

US

4. State/Country of Formation

FLORIDA/US

5. Date Organized or Qualified  
To Do Business in Florida

11/25/2003

6. FEI Number

59-2504815

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

MARK HOUSHOLDER

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

108 DINGLER DRIVE

Suite, Apt. #, Etc.

City

CARRABELLE

State

FL

Zip Code

32322

E-mail Address:

WWW.MHOUSHOLDE@AOL.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 Mark R. Housholder

Date 8-12-11

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
MGRM	MARK HOUSHOLDER	PO BOX 628	CARRABELLE, FL 32322

REINSTATEMENT

2010-2011

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

Mark R. Housholder

Date 8-12-11

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

8/12/11