

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10-1-04
250.00

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 JUL 10 AM 9:53

DOCUMENT # L03000048258

1. Limited Liability Company's Name

Potts' Hauling and Bobcat Service

2. Principal Office Address

143 Stevens Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

143 Stevens Ave.

Suite, Apt. #, etc.

City & State

Chuluota, FL

Zip Country

32766 Seminole

City & State

Chuluota, FL

Zip Country

32766 Seminole

4. State/Country of Formation

FL, US

5. Date Organized or Qualified
To Do Business in Florida

9/00

6. FEI Number

20-0426395

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

William D. Potts

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

143 Stevens Ave.

Suite, Apt. #, Etc.

City

Chuluota, FL 32766

State

FL

Zip Code

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

William D. Potts

Date

6/16/06

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
MGR	William D. Potts	143 Stevens Ave	Chuluota, FL 32766

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

William D. Potts

Date

7/6/06

Daytime Phone #

407-702-5794

Typed or printed name of signing Managing Member/Manager

CR2E041 (10/02)