

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2018 FEB 26 AM 8:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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DOCUMENT # LO3000048380

Limited Liability Company's Name

GARY CHAMBLISS MASONRY LLC

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

38 Chambliss Rd.

Suite, Apt. #, etc

3. Mailing Office Address

Suite, Apt. #, etc

City & State

HAVANA FL

City & State

Zip

32333

Country

Zip

Country

4. State/Country of Formation

GADSDEN

5. Date Organized or Qualified  
To Do Business in Florida

6. FEI Number

050591659

☐ 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

GARY CHAMBLISS

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

38 Chambliss Rd.

Suite, Apt. #, Etc.

City HAVANA

State  
FL

Zip Code  
32333

E-mail Address:

GARY CHAMBLISS MASONRY LLC  
(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 605, F.S.

Signature of  
Registered Agent

Gary Chambliss

Date 2-26-18

REGISTERED AGENT MUST SIGN

10. Names and Addresses of Each Person Authorized to manage the Limited Liability Company

Titles AMBR/MGR	Name of Authorized Person	Street Address of Each Authorized Person	City / State / Zip
MGM	Gary Chambliss	38 Chambliss Rd	HAVANA, FL 32333
MGM	Zachary Chambliss	38 Chambliss Rd	HAVANA FL 32333

REINSTATEMENT

RLK

11. I certify that I am an authorized person empowered to execute this application as provided for in Chapter 605, 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 Chapter 625, 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

Authorized Person

Gary Chambliss

Date

2-26-18

Daytime Phone #

950 228-0995

Typed or printed name of signing Authorized Person