

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 MAR -3 PM 1:40

DOCUMENT # L03000048989

1. Limited Liability Company's Name

DAVID C. COKER
ACE PLUMBING & DRAIN, LLC

700144518387
02/26/09--01030--006 **416.25

CR2E041 (10/08)

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

3. Mailing Office Address

8861 GULF BEACH HWY. 8861 GULF BCH HWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PENSACOLA, FL

PENSACOLA, FL

Zip

Country

Zip

Country

32507

U.S.

32507

U.S.

4. State/Country of Formation

FLORIDA / U.S.

5. Date Organized or Qualified
To Do Business in Florida

1993

6. FEI Number

20-0458287

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

David C Coker

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

8861 Gulf Beach Hwy

Suite, Apt. #, Etc.

City

Pensa Colg

State

FL

Zip Code

32507

☒ 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

Date

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	DAVID C. COKER	8861 GULF BEACH HWY.	PENSACOLA, FL 32507

REINSTATEMENT 2007-2009

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

David C Coker

Date 02-24-09

Daytime Phone# 850-455-8222

Typed or printed name of signing Managing Member/Manager

DAVID C. COKER

T. Hampton MAR - 4 2009