

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

OCT -6 PM 2:00

DOCUMENT # L03000049862

1. Limited Liability Company's Name

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Causseaux's Tractor works LLC

2. Principal Office Address

3. Mailing Office Address

140 Sanders Cemetery Sopchoppy FLA,

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

32358

Wgkuila

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

☒ 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

Joe E. Causseaux

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

140 Sanders Cemetery Rd.

Suite, Apt. #, Etc.

City

Sopchoppy

State

FL

Zip Code

32358

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

Joe Earl Causseaux

REGISTERED AGENT MUST SIGN

Date 10-6-04

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>MAN</u>	<u>Joe E. Causseaux</u>	<u>140 Sanders Cemetery Rd Sopchoppy, FL</u>	<u>32358</u>

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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

Joe Earl Causseaux

Date

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

REINSTATEMENT

CR2E041 (10/02)