

L03000051610

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 NOV 16 PM 4:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700112599867

11/27/07--01023--002 **100.00

BR

CR2E041 (1/07)

DOCUMENT #

1. Limited Liability Company's Name

L03000051610

Sego Salvage and Land Clearing

up

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

1174 Gumble Rd

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Monticello FL

Zip Country

32344

City & State

Same

Zip Country

Same

4. State/Country of Formation

Jefferson

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

31-1493280

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

Davis Sego Sr

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

1174 Gumble Rd

Suite, Apt. #, Etc.

City

Monticello FL

State

FL

Zip Code

32344

☒ 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 *Davis Sego Sr*

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	Davis Sego Sr	1174 Gumble	Monticello FL 32344

REINSTATEMENT 2006-2007

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 *Davis Sego Sr*

Date 11-16-07

Daytime Phone # 866-529-8913

9975868

Typed or printed name of signing Managing Member/Manager