

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

06 NOV 16 AM 9:46

DOCUMENT # LO3000052568

1. Limited Liability Company's Name

Ashlin, LLC

2. Principal Office Address

221 East Adams St

Suite, Apt. #, etc.

3. Mailing Office Address

221 East Adams St

Suite, Apt. #, etc.

City & State

Jacksonville FL

City & State

Jacksonville FL

Zip

32202

Country

Duval

Zip

32202

Country

Duval

CR2E041 (8/05)

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

2-1-04

6. FEI Number

20-0509557

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

Sean Mulholland

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

221 E Adams St

Suite, Apt. #, Etc.

City

JAX

State

FL

Zip Code

32202

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

Sean Mulholland

Date

11-15-06

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	Sean Mulholland	221 E Adams St	JAX FL 32202
MGRM	Beverly Mulholland	221 E Adams St	JAX FL 32202
			500082107545 11/28/06--01057--009 **250.00
			REINSTATEMENT 04-06

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

Sean Mulholland

Date

11-15-06

Daytime Phone #

904 354-7989

Typed or printed name of signing Managing Member/Manager