

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 JAN 10 AM 10:32

DOCUMENT # L03000053244

1. Limited Liability Company's Name

GARY W. JEFFERS LLC.

500063960435
01/18/06--01039--004 **150.00

CR2E041 (8/05)

2. Principal Office Address

GARY W. JEFFERS

Suite, Apt. #, etc.

8831 ST. REGIS LANE

City & State

Port Richey FL

Zip

34668

Country

PASCO

3. Mailing Office Address

GARY W. JEFFERS

Suite, Apt. #, etc.

8831 ST. REGIS LANE

City & State

Port Richey FL

Zip

34668

Country

PASCO

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

10/1/2003

6. FEI Number

200485143

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 W. JEFFERS

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

8831 ST. REGIS LANE

Suite, Apt. #, Etc.

City

Port Richey

State

FL

Zip Code

34668

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

Gary W. Jeffers
REGISTERED AGENT MUST SIGN

Date 1/6/2006

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>MEM</u>	<u>GARY W. JEFFERS</u>	<u>8831 ST. REGIS LANE</u>	<u>Port Richey FL 34668</u>

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

Gary W. Jeffers

Date 1/6/2006 Daytime Phone # 727-845-3494

Typed or printed name of signing Managing Member/Manager