

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 DEC 29 AM 8:31

DOCUMENT # L03000056681

1. Limited Liability Company's Name

LANINYL LLC

2. Principal Office Address

6441 WOODLAND LN

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 657

Suite, Apt. #, etc.

City & State

NEW PORT RICHEY FL

City & State

EL PASO FL

Zip

34653

Country

PASCO

Zip

34680

Country

PASCO

CR2E041 (8/05)

4. State/Country of Formation

FL PASCO

5. Date Organized or Qualified
To Do Business in Florida

Dec 18 03

6. FEI Number

37-1486479

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

ARLYN L PARTIDGE

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

6441 WOODLAND LN

Suite, Apt. #, Etc.

City

NEW PORT RICHEY

State

FL

Zip Code

34653

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

ARLYN L PARTIDGE

REGISTERED AGENT MUST SIGN

Date 12/21/06

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 |
|---------|--------------------------------------|---|---|
| MANAGER | ARLYN L PARTIDGE | 5073 TANCY LN | OWDCA NY 14809 |
| MANAGER | ARLYN L PARTIDGE | 6441 WOODLAND LN | NEW PORT RICHEY FL 34653 |
| | | | |
| | | | 300082815753 12/28/05--01018--006 **200.00 |
| | | REINSTATEMENT | 05-06 |

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

ARLYN L PARTIDGE

Date 12/21/06

Daytime Phone # 727 992 1999

Typed or printed name of signing Managing Member/Manager

ARLYN L PARTIDGE