

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

05 DEC 30 AM 10:48

DOCUMENT # L03000056708

1. Limited Liability Company's Name

Alvin Fisher LLC

2. Principal Office Address

969 16th Ln.

Suite, Apt. #, etc.

3. Mailing Office Address

969 16th Ln.

Suite, Apt. #, etc.

City & State

Palm Harbor, FL.

City & State

Palm Harbor, FL.

Zip

34683

Country

U.S.A

Zip

34683

Country

U.S.A

CR2E041 (8/05)

4. State/Country of Formation

Florida, U.S.A

5. Date Organized or Qualified
To Do Business in Florida

2004

6. FEI Number

200487484

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

Alvin Fisher

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

969 16th Ln.

Suite, Apt. #, Etc.

City

Palm Harbor

State

FL

Zip Code

34683

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

AS Fisher

REGISTERED AGENT MUST SIGN

Date

1/3/06

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
MGR	Alvin Fisher	969 16th Ln.	Palm Harbor, FL. 34683

REINSTATEMENT 2005

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

AS Fisher

Date

1/3/06

Daytime Phone #

(727) 7769651

Typed or printed name of signing Managing Member/Manager

Alvin Sean Fisher