

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 SEP -6 PM 1:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L04000003650**

1. Limited Liability Company's Name

**QUALITY DUCT OF OCALA LLC
L04000003650**

REINSTATEMENT *a-07*

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

5345 SW 89TH PLACE

Suite, Apt. #, etc.

3. Mailing Office Address

5345 SW 89TH PLACE

Suite, Apt. #, etc.

City & State

OCALA, FLORIDA

City & State

OCALA, FLORIDA

Zip

34476

Country

USA

Zip

34476

Country

USA

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida **8/30/2005**

6. FEI Number

200539966

Applied For

State Application

7. CERTIFICATE OF STATUS DESIRED ☐

**\$5.00 Additional Fee required
for a Certificate of Status**

8. Name and Address of Current Registered Agent

Name

EDWARD SCUDDER

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

5345 SW 89TH PLACE

Suite, Apt. #, Etc.

City

OCALA

State

FL

Zip Code

34476

☒ 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.

LS

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

Edward Scudder

Date **8/28/07**

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
OWNER	EDWARD SCUDDER	5345 SW 89TH PLACE	OCALA, FLA 34476

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09/11/07=01019=002 **100.00

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

Edward Scudder

Date **8/28/07**

Daytime Phone # **352-861-1608**

Typed or printed name of signing Managing Member/Manager

EDWARD SCUDDER