

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 JUN 21 PM 3:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100104744001
06/22/07--01042--012 **255.00

CR2E041 (1/07)

DOCUMENT # L 0400000 4487

1. Limited Liability Company's Name

FLORIDA TAX ADVISORY LLC

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

7177 INTERNATIONAL COURT

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

HOMOSASSA, FL

City & State

Zip

34446

Country

US

Zip

Country

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

AUG 2002

6. FEI Number

20-0773199

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

CLIFFORD A. MILLER III

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

7177 INTERNATIONAL COURT

Suite, Apt. #, Etc.

City

HOMOSASSA

State

FL

Zip Code

34446

☐ 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.

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

CL

REGISTERED AGENT MUST SIGN

Date 6/15/07

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
MGRM	CLIFFORD A. MILLER III	4849 LARKENHEATH DR.	SPRING HILL, FL 34609

REINSTATEMENT

05-07

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

CL

Date 6/15/07

Daytime Phone # 352-382-7354

Typed or printed name of signing Managing Member/Manager

CLIFFORD A. MILLER III