

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 MAY 23 PM 1:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

000103592550  
05/31/07--01010--013 \*\*100.00  
CR2E041 (1/07)

DOCUMENT # 204000006230

1. Limited Liability Company's Name

Julius Lulley LLC

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

4132 IBERIS LANE

Suite, Apt. #, etc.

3. Mailing Office Address

4132 IBERIS LANE.

Suite, Apt. #, etc.

City & State

ORLANDO

City & State

ORLANDO

Zip

32822

Country

US

Zip

32822

Country

US

4. State/Country of Formation

US.

5. Date Organized or Qualified  
To Do Business in Florida

6. FEI Number

20-0689575

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

JULIUS LULLEY

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

4132 IBERIS LANE

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32822

☒ 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

Julius Lulley

REGISTERED AGENT MUST SIGN

Date 5/17/07

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
<u>MANAGING MEMBER</u> <u>MO</u>	<u>JULIUS LULLEY</u>	<u>4132 IBERIS LANE.</u>	<u>ORLANDO FL 32822</u>

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05/31/07 01010 014 \*\*5.00

REINSTATEMENT

06-07

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

Julius Lulley

Date 5/17/07

Daytime Phone # 239 580 8032

Typed or printed name of signing Managing Member/Manager

JULIUS LULLEY