

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 FEB -1 PM 4:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L04000009339

1. Limited Liability Company's Name

Gaines Maintenance Services, LLC

CR2E041 (1/07)

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

8805 Scott Tower Rd

Suite, Apt. #, etc.

3. Mailing Office Address

8805 Scott Tower

Suite, Apt. #, etc.

City & State

Tallahassee, Fla.

Zip

32312

Country

U.S.

City & State

Tallahassee, Fla.

Zip

32312

Country

U.S.

4. State/Country of Formation

Fla. U.S.

5. Date Organized or Qualified  
To Do Business in Florida

2005

6. FEI Number

☒ Applied For  
☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

☒ 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.

8. Name and Address of Current Registered Agent

Name

Dorothy Gaines

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

8805 Scott Tower Rd

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32312

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

Dorothy Gaines

REGISTERED AGENT MUST SIGN

Date

Feb 1, 2006

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
owner	Dorothy Gaines	8805 Scott Tower	Tall, Fla. 32312

100087499871  
02/06/07--01045--011 \*\*150.00

REINSTATEMENT

05-07  
2-1-07

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

Dorothy Gaines

Date

2/1/07

Daytime Phone #

321-3031

Typed or printed name of signing Managing Member/Manager

2 of 2

Didn't receive Annual Report

We didn't know about the  
Annual Report.

**FILED**  
07 FEB - 1 PM 4:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dorothy Gaines