

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 NOV 27 PM 2:35

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000009914

1. Limited Liability Company's Name

COREY MCVEY HAULING, LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #
COREY S MCVEY

Suite, Apt. #, etc.

3. Mailing Office Address
5916 NYBERG RD

Suite, Apt. #, etc.

City & State
NORTH PORT FL

City & State
NORTH PORT FL

Zip
34291

Country
USA

Zip
34291

Country
USA

4. State/Country of Formation
FLORIDA/USA

5. Date Organized or Qualified
To Do Business in Florida 1-26-2004

6. FEI Number
05-0596193

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
CONTRACTORS REPORTING SERVICE, INC

Street Address (P.O. Box Number is Not Acceptable)
2001 W BUSCH BLVD. STE A

Suite, Apt. #, Etc.
SUITE A

City
TAMPA

State
FL

Zip Code
33612

☒ 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

REGISTERED AGENT MUST SIGN

Date 11-16-2007

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	COREY S MCVEY	5916 NYBERG RD	NORTH PORT FL 34291

REINSTATEMENT

2005, 2006, 2007

500112513405
11/21/07--01051--002 **150.00

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

Corey S Mcvey

Date 11-16-2007

Daytime Phone # 941-232-4205

Typed or printed name of signing Managing Member/Manager

Corey S. Mcvey