

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

9-16-06  
200602

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 SEP 25 AM 10:52

DOCUMENT # L04000011946

1. Limited Liability Company's Name

John R Abbott, LLC

2. Principal Office Address

103 Cousineau RD

Suite, Apt. #, etc.

3. Mailing Office Address

103 Cousineau RD

Suite, Apt. #, etc.

City & State

Pensacola Florida

City & State

Pensacola Florida

Zip

32507

Country

USA

Zip

32507

Country

USA

4. State/Country of Formation

Florida USA

5. Date Organized or Qualified  
To Do Business in Florida

9/20/06

6. FEI Number

592506773

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

John R Abbott

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

103 Cousineau RD

Suite, Apt. #, Etc.

City

Pensacola

State

FL

Zip Code

32507

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

John R Abbott

REGISTERED AGENT MUST SIGN

Date

9/20/06

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
MGR	John R Abbott	103 Cousineau	Pensacola FL 32507

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09/25/06--01059--001 \*\*150.00

REINSTATEMENT 05-06

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

John R Abbott

Date

9/20/06

Daytime Phone #

8504560271

Typed or printed name of signing Managing Member/Manager

John R. Abbott

Didn't Receive Report