

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 FEB 25 AM 10:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L04000012920**

1. Limited Liability Company's Name

SOUTHERN QUALITY DESIGN, LLC

600170235856
02/23/10--01020--018 **793.75

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box #
11 Hemlock Circle Pass

Suite, Apt. #, etc.

City & State
Ocala, FL

Zip Country
34472 USA

3. Mailing Office Address
11 Hemlock Circle Pass

Suite, Apt. #, etc.

City & State
Ocala, FL

Zip Country
34472 USA

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified
To Do Business in Florida
12/23/2003

6. FEI Number
87-0724187

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
Yul J. Arban

Street Address (P.O. Box Number is Not Acceptable)
11 Hemlock Circle Pass

Suite, Apt. #, Etc.

City State Zip Code
Ocala FL 34472

☐ 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 **2/18/10**

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	Yul J. Arban	11 Hemlock Circle Pass	Ocala, FL 34472

JB

REINSTATEMENT 2006-10

11. E-mail Address:

(To be used for future annual report notifications)

12. 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

Date **2/18/10** Daytime Phone # **(352) 817-6513**

Typed or printed name of signing Managing Member/Manager