

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 APR 23 AM 10:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000018529

1. Limited Liability Company's Name

Steven Pillars, LLC.

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #
293 SW Madewood Dr

Suite, Apt. #, etc.

3. Mailing Office Address
293 SW Madewood Dr

Suite, Apt. #, etc.

City & State
Lake City, Florida

City & State
Lake City, FL 32024

Zip
32024

Country
Columbia

Zip
32024

Country
Columbia

4. State/Country of Formation
Lake city/Florida

5. Date Organized or Qualified
To Do Business in Florida **03-09-2004**

6. FEI Number

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
Steven Pillars

Street Address (P.O. Box Number is Not Acceptable)
293 SW Madewood Dr

Suite, Apt. #, Etc.

City
Lake City

State
FL

Zip Code
32024

☒ 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

Steve Pillars

REGISTERED AGENT MUST SIGN

Date **03-30-2007**

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
MGR	Steven Pillars	293 SW Madewood Dr	Lake City, FL 32024

100101872831
05/09/07--01006--002 **155.00

REINSTATEMENT

05-07

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

Steve Pillars

Date **03-30-07**

Daytime Phone # **386-344-1061**

Typed or printed name of signing Managing Member/Manager **Steven Pillars**