

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 MAR 22 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000022940

1. Limited Liability Company's Name

1007, L.L.C.

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

5145 N.E. 7 PLACE

Suite, Apt. #, etc.

City & State

Ocala, FL

Zip

34470

Country

USA

3. Mailing Office Address

5145 N.E. 7 PLACE

Suite, Apt. #, etc.

City & State

Ocala, FL

Zip

34470

Country

USA

CR2E041 (1/07)

4. State/Country of Formation

FL/USA

**5. Date Organized or Qualified
To Do Business in Florida**

9/16/05

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

NANCY DUNN

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

5145 N.E. 7 PLACE

Suite, Apt. #, Etc.

City

Ocala

State

FL

Zip Code

34470

☐ 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

Nancy Dunn

REGISTERED AGENT MUST SIGN

Date 3/17/07

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	KEVIN PAUL BOOTWELL	5145 N.E. 7 PLACE	Ocala, FL 34470
			100095253781 03/29/07--01057--020 **250.00
			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

Kevin P. Bootwell

Date 3/14/07

Daytime Phone # 352-357-8476

Typed or printed name of signing Managing Member/Manager

KEVIN PAUL BOOTWELL