

# L04000023653

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 JUL 16 AM 8:56

DOCUMENT # L04000023653

**1. Limited Liability Company's Name**

MASON AUCTION AND SALES, L.L.C.

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

5529 Highway 231

Suite, Apt. #, etc.

City & State

Campbellton, FL

Zip

32426

Country

USA

**3. Mailing Office Address**

5529 Highway 231

Suite, Apt. #, etc.

City & State

Campbellton, FL

Zip

32426

Country

USA

**4. State/Country of Formation**

Florida

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

3-18-04

**6. FEI Number**

04-3787243

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

Russell S. Roberts

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

2879 Madison Street

Suite, Apt. #, Etc.

City

Marianna

State

FL

Zip Code

32446

☐ 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

*Russell S. Roberts*

Date 6-29-07

REGISTERED AGENT MUST SIGN

**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	Gerald V. Mason	5529 Highway 231	Campbellton, FL 32426
			5001063453851 07/16/07-01051-007 **255.00
	FF \$150		
	RF 100		
	CUS 5		REINSTATEMENT 2005-2007

**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

*Gerald V. Mason*

Date 6-29-07

Daytime Phone# (850) 849-0792

Typed or printed name of signing Managing Member/Manager

Gerald V. Mason