

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000032787

1. Limited Liability Company's Name

BYRD & SON COOLING & HEATING LLC
7350 BAINBRIDGE HWY.
QUINCY, FL. 32352

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

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

7350 BAINBRIDGE HWY.

City & State

City & State

QUINCY FL. 32

Zip

Country

Zip

Country

32352

GAOSDEN

8. Name and Address of Current Registered Agent

Name

JAMES BYRD

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

7350 BAINBRIDGE HWY.

Suite, Apt. #, Etc.

City

State

Zip Code

QUINCY FL. 32352

FL

FILED

10 APR -6 AM 2:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800174698778
04/07/10--01001--002 **277.50

CR2E041 (11/09)

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

Applied For

38-3762144

Not Applicable

7.

CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

☒ 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

James Byrd

REGISTERED AGENT MUST SIGN

Date

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
MANAGER	JAMES BYRD	7350 BAINBRIDGE HWY.	QUINCY, FL. 32352

REINSTATEMENT 09,10

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

James Byrd

Date 04/06/10

Daytime Phone #

Typed or printed name of signing Managing Member/Manager