

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

10 NOV 18 PM 5:05

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CR2E041 (05/10)

DOCUMENT # L04000038298

1. Limited Liability Company's Name

Moore's Hauling Service LLC

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

288 HALL ROAD

Suite, Apt. #, etc.

City & State

LAMONT, FL 32336

Zip

Country

3. Mailing Office Address

(same)

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

31-1492444

☐ 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

VERONICA MOORE

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

288 HALL ROAD

Suite, Apt. #, Etc.

City

LAMONT

State

FL

Zip Code

32336

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

Veronica Moore

Date

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	JOE MOORE, JR.	288 HALL ROAD	LAMONT, FL 32336

REINSTATEMENT 2009-2010

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

Veronica Moore

Date

Daytime Phone #

Typed or printed name of signing Managing Member/Manager