

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1062

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 OCT 24 PM 2:42

DOCUMENT # LO4000040843

1. Limited Liability Company's Name

NELSON LEONARD
PLASTERING AND STUCCO
REF. # 04000040843

2. Principal Office Address

3840 SW 186 CT.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Dunnellon Fla.

City & State

SAME

Zip

34432

Country

U.S.A.

Zip

SAME

Country

SAME

CR2E041 (8/05)

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

59-3297218

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

LEONARD J. NELSON

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

3840 SW 186 CT

Suite, Apt. #, Etc.

City

Dunnellon

State

FL

Zip Code

34432

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

Leonard J. Nelson
REGISTERED AGENT MUST SIGN

Date 10-13-06

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
<u>OWNER</u>	<u>LEONARD J. NELSON</u>	<u>3840 SW 186 CT.</u>	<u>DUNN. FLA. 34432</u>
<u>mgr</u>			

REINSTATEMENT 0516

FF \$100

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

Leonard J. Nelson

Date 10-13-06 Daytime Phone # 352 361 1704

Typed or printed name of signing Managing Member/Manager

LEONARD J. NELSON

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To Whom It May Concern,

I, Leonard Nelson, did not
receive my cooperation renewal
form for the year 2005.

Thank You
Leonard Nelson

P.S. If I have made any errors
in filling out this form, I give
my permission to be corrected

Thank You
Leonard Nelson
Witness Tabitha Chathan

[352] 361-1704

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