

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

06 MAY -1 AM 11:04

DOCUMENT # L04000041754

1. Limited Liability Company's Name

RICHARD J. VANTREASE, L.L.C.
L04000041754

2. Principal Office Address

413 OMAHA ST.

Suite, Apt. #, etc.

3. Mailing Office Address

413 OMAHA ST. P.O. Box 904

Suite, Apt. #, etc.

City & State

LAKE HAMILTON

City & State

LAKE HAMILTON

Zip 33851

Country POLK

Zip 33851

Country POLK

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

5-28-04

6. FEI Number

51-0504555

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

RICHARD J. VANTREASE

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

413 OMAHA STREET

Suite, Apt. #, Etc.

City

LAKE HAMILTON

State

FL

Zip Code

33851

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

Richard J. Vantrease
REGISTERED AGENT MUST SIGN

Date 5-5-06

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
owner	Richard J. Vantrease	413 OMAHA ST.	LAKE HAMILTON 33851
			000075103650 05/23/06--01051--019 **100.00
		REINSTATEMENT	05-06

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

Richard J. Vantrease

Date 5-5-06

Daytime Phone # 407-566-1815

Typed or printed name of signing Managing Member/Manager

RICHARD J. VANTREASE