

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

08 JUL -3 AM 11:26

SECRETARY OF STATE  
3001 BANKERS BUILDING  
07/02/08--01037--004 \*\*416.75

DOCUMENT # L040000041765

1. Limited Liability Company's Name

Notice Enterprises LLC

CR2E041 (12/07)

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

10 Renn Lane

Suite, Apt. #, etc.

3. Mailing Office Address

10 Renn Lane

Suite, Apt. #, etc.

City & State

Palm Coast, FL

Zip

32164

Country

USA

City & State

Palm Coast, FL

Zip

32164

Country

USA

4. State/Country of Formation

Florida - Flagler

5. Date Organized or Qualified  
To Do Business in Florida

6-3-04

6. FEI Number

54-2153824

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

Brenda Notice

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

10 Renn Lane

Suite, Apt. #, Etc.

City

Palm Coast

State

FL

Zip Code

32164

☒ 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

Brenda Notice

REGISTERED AGENT MUST SIGN

Date

6-27-08

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	Stephen Notice	10 Renn Lane	Palm Coast, FL 32164
MGRM	Brenda Notice	10 Renn Lane	Palm Coast, FL 32164

**REINSTATEMENT** 06-08 gja

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

Brenda Notice

Date

6-27-08

Daytime Phone #

386-334-6718

Typed or printed name of signing Managing Member/Manager

Brenda Notice