

L04000064407

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

07 MAY 10 PM 4:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000064407

1. Limited Liability Company's Name

GARY STEARNS, LLC.

BK

05/10/07--01029--012 **2575.00

05/10/07--01029--012 **2575.00

800096722158

CR2E041 (1/07)

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

1306 Willow Valley Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

Same as Principal.

Suite, Apt. #, etc.

City & State

Brandon, FL

City & State

Zip

33510

Country

U.S.A.

Zip

Country

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

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

GARY STEARNS

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

1306 Willow Valley Dr.

Suite, Apt. #, Etc.

City

Brandon.

State

FL

Zip Code

33510.

☐ 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

Gary Stearns

REGISTERED AGENT MUST SIGN

Date

5-8-7

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
MEM	GARY STEARNS	1306 Willow Valley Dr.	Brandon, FL 33510

REINSTATEMENT 2006-2007

BK

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

Gary Stearns

Date

5-8-7

Daytime Phone #

813-681-3487

Typed or printed name of signing Managing Member/Manager