

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 OCT 22 PM 2:45

DOCUMENT # L04000064436

1. Limited Liability Company's Name

III MICHAEL GUNN, LLC

09

BK

CR2E041 (05/10)

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

152 Bonnie Rd

3. Mailing Office Address

Same as Principal

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Plant City, Florida

City & State

Zip

33565

Country

USA

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

08/30/04

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

Michael Gunn III

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

152 Bonnie Rd

Suite, Apt. #, Etc.

City

Plant City,

State

FL

Zip Code

33565

900186976169
10/22/10--01007--021 **377.50

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

Michael Gunn III

Date

10/6/10

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	Michael Gunn III	152 Bonnie Rd	Plant City, Florida 33565

REINSTATEMENT 2009-2010

11. E-mail Address: *mkgunn@tamby12.com*

(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

Michael Gunn III

Date

10/6/10

Daytime Phone #

813, 299-6772

Typed or printed name of signing Managing Member/Manager Michael Gunn III