

L04000064538

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 SEP 24 AM 8:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

L04000064538

1. Limited Liability Company's Name

STACY BEKARD MOORE, LLC

BK

CR2E041 (1/07)

2. Principal Office Address (No P.O. Box)

3806 E. Crawford St.

Suite, Apt. #, etc.

3. Mailing Office Address

3806 E. Crawford St.

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33604

Country

USA

Zip

33604

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

8/30/04

6. FEI Number

N/A

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

STACY MOORE

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

3806 E. Crawford St.

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33604

☐ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date 9/12/7

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	STACY MOORE	3806 E. Crawford St.	Tampa, FL 33604
			500110206535
			10/03/07--01008--007 **250.00

REINSTATEMENT 2005-2007

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

[Signature]

Date 9/12/7

Daytime Phone # 8134778759

Typed or printed name of signing Managing Member/Manager

STACY BEKARD MOORE