

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



DOCUMENT # L04000064609

**1. Limited Liability Company's Name**

# Anthony Fitzgerald Wallace, LLC

**2. Principal Office Address - No P.O. Box #**  
**2882 Billberry Street**

Suite, Apt. #, etc.

**3. Mailing Office Address**  
Same as principle.

Suite, Apt. #, etc.

City & State  
**North Port, FL**

City &amp; State

Zip  
**34286**

Country  
USA

Zip

Country

**8. Name and Address of Current Registered Agent**

Name **Anthony Fitzgerald Wallace**

Street Address (P.O. Box Number is Not Acceptable)  
**2882 Billberry Street**

Suite, Apt. #, Etc.

City  
**North Port**

State  
FL

Zip Code  
34286

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

**REGISTERED AGENT MUST SIGN**

Date

8-14-07

**10. Names and Street Addresses of Managing Members/Managers**

[illegible]

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

Date 8-14-07

Daytime Phone # 863-338-4633

Typed or printed name of signing Managing Member/Manager Anthony Fitzgerald Wallace