


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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FILED

2007 MAR -7 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L04000064808**

1. Limited Liability Company's Name

C & T of Florida, L.L.C.

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box # 3210 Stiverson Rd Suite, Apt. #, etc.		3. Mailing Office Address 3210 Stiverson Rd. Suite, Apt. #, etc.	
City & State Lando'Lakes, FL.		City & State Lando'Lakes, FL.	
Zip 34639	Country PASCO	Zip 34639	Country PASCO

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

8/31/04

6. FEI Number

201569118

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 **TOMMY BEARNT**

Street Address (P.O. Box Number is Not Acceptable)
3210 Stiverson Rd

Suite, Apt. #, Etc.

City **Lando'Lakes**

State

FL

Zip Code

34639

☒ 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

X Tommy Bearnt

REGISTERED AGENT MUST SIGN

Date **2-28-07**

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
MR	Chad D Ralston	3210 Stiverson Rd	Lando'Lakes, FL. 34639

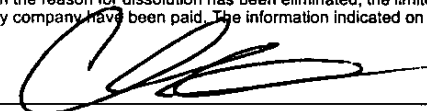
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REINSTATEMENT

06-07

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

X 

Date **02/28/07**

Daytime Phone # **(813) 949-0455**

Typed or printed name of signing Managing Member/Manager

Chad Ralston

X 221