

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 MAY -2 AM 10:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 204 000066499

1. Limited Liability Company's Name

MOP, NOW: ROLL SERVICES, LLC.

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

8940 SW 82 CT

Suite, Apt. #, etc.

City & State

TRENTON FLORIDA

Zip

32693

Country

GILCHRIST

3. Mailing Office Address

PO BOX 1515

Suite, Apt. #, etc.

City & State

OLD TOWN, FLA

Zip

32680

Country

DIXIE

REINSTATEMENT 05-07

4. State/Country of Formation

FLORIDA / USA

5. Date Organized or Qualified To Do Business in Florida

12/29/2003

6. FEI Number

03-0516434

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 VERTREES

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

8940 SW 82 CT

Suite, Apt. #, Etc.

City

TRENTON

State

FL

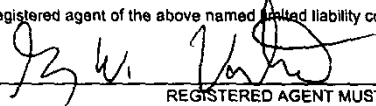
Zip Code

32693

☒ 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



REGISTERED AGENT MUST SIGN

Date 4-17-07

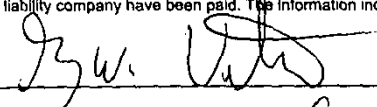
10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MEM	GARY VERTREES	8940 SW 82 CT	TRENTON FL 32693

101101774901
05/08/07-01010-018 **150.00

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 4-17-07

Daytime Phone # (352) 256-4325

Typed or printed name of signing Managing Member/Manager

GARY VERTREES