

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000074375

1. Limited Liability Company's Name

Contractors Services LLC

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

25162 Alicante Drive

Suite, Apt. #, etc.

City & State

Punta Gorda, Florida

Zip

33955

Country

USA

3. Mailing Office Address

25162 Alicante Drive

Suite, Apt. #, etc.

City & State

Punta Gorda, Florida

Zip

33955

Country

USA

4. State/Country of Formation

Florida/USA

**5. Date Organized or Qualified
To Do Business in Florida**

October 11, 2004

6. FEI Number

20-1739589

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

Steven P. Taylor

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

25162 Alicante Drive

Suite, Apt. #, Etc.

City

Punta Gorda, Florida

State

FL

Zip Code

33955

☐ 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**

Steven Taylor

REGISTERED AGENT MUST SIGN

Date **3-5-08**

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	Steven P. Taylor	25162 Alicante Drive	Punta Gorda, Florida 33955

REINSTATEMENT

05-08

**100119697621
03/07/08--01038--006 **\$55.00**

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**

Steven Taylor

Date **3-5-08**

Daytime Phone # **239/645-9363**

Typed or printed name of signing Managing Member/Manager

Steven Taylor