

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2010 SEP 14 PM 10 00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700185345487
09/13/10--01048--003 **521.25

CR2E041 (12/07)

FEL # 753177956

DOCUMENT # L04000075101

1. Limited Liability Company's Name

MARTY Wilson LLC
5205 Lloyd St
Seffner FL 33584

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

5205 Lloyd St.

Suite, Apt. #, etc.

3. Mailing Office Address

5205 Lloyd St

Suite, Apt. #, etc.

City & State

Seffner FLA

City & State

Seffner FLA

Zip

33584

Country

Hillsborough

Zip

33584

Country

Hillsborough

4. State/Country of Formation

Hillsborough County FLA

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

12/28/2008

6. FEI Number 55. #

026249-6325

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$0.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

MARTY R. Wilson

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

5205 Lloyd St

Suite, Apt. #, Etc.

City

Seffner

State

FL

Zip Code

33584

☐ 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

Marty Wilson
REGISTERED AGENT MUST SIGN

Date

9/6/10

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	MARTY Wilson	5205 Lloyd St	Seffner FLA 33584

REINSTATEMENT 08/10
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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

Marty Wilson

Date

9/6/10

Daytime Phone #

813/380/6423

Typed or printed name of signing Managing Member/Manager