

9-16-05  
200-w

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 NOV 29 AM 10:25

CR2E041 (8/05)

DOCUMENT # L 04000078132

1. Limited Liability Company's Name

Patrick Ward LLC

2. Principal Office Address

203 Hibiscus St.

Suite, Apt. #, etc.

City & State

Davenport

Zip

Florida

Country

USA

3. Mailing Office Address

2032 Farrington Dr.

Suite, Apt. #, etc.

City & State

Lakeland

Zip

FL

Country

USA

4. State/Country of Formation

USA

5. Date Organized or Qualified  
To Do Business in Florida

Oct. 27, 2004

6. FEI Number

073541583

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

Patrick Ward

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

203 Hibiscus St.

Suite, Apt. #, Etc.

City

Davenport

State

FL

Zip Code

33897

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 11/08/06

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
owner	<u>Patrick Ward</u>	<u>2032 Farrington Dr.</u>	<u>Lakeland, FL 33809</u>
			<u>200081766378</u>
			<u>11/14/06--01061--002 **200.00</u>
			<b>REINSTATEMENT 05-06</b>

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

[Signature]

Date 11/08/06

Daytime Phone # 863-868-5056

Typed or printed name of signing Managing Member/Manager

Patrick J. Ward