

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 OCT -5 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000082051

1. Limited Liability Company's Name

Phoenix Renovation LLC

900159703889
10/05/09--01070--015 **416.25

CR2E041 (10/08)

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

913 Carlson DR

Suite, Apt. #, etc.

3. Mailing Office Address

913 Carlson DR

Suite, Apt. #, etc.

City & State

Orlando FL

Zip

32804

Country

USA

City & State

Orlando FL

Zip

32804

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

11/12/04

6. FEI Number

20-2801923

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

Chris Brick

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

913 Carlson DR

Suite, Apt. #, Etc.

City

Orlando FL

State

FL

Zip Code

32804

☐ 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

[Signature]

Date

8/9/09

REGISTERED AGENT MUST SIGN

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
mgr	Chris Brick	913 Carlson DR	Orlando, FL 32804
			900159703889 08/18/09--01032--002 **238.75
		REINSTATEMENT	06-09 \$1055.00

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

[Signature]

Date

8/9/09

Daytime Phone #

321-263-5597

Typed or printed name of signing Managing Member/Manager

CHRIS

BRICK