

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

07 APR 25 PM 1:18

CR2E041 (1/07)

DOCUMENT # L04000084823

1. Limited Liability Company's Name

R & R All PHASES Const. by
Ronald Stanley LLC

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

36706 Palm St.

Suite, Apt. #, etc.

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Fruitland Pk. Fl.

City & State

Fl.

Zip

34731

Country

LAKE

Zip

34731

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

Sept 30, 2004

6. FEI Number

N/A

Applied For

☒ Not Applicable

CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Ronald R. Stanley

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

36706 Palm St.

Suite, Apt. #, Etc.

City

Fruitland Park

State

FL

Zip Code

34731

☒ 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

Ronald R. Stanley

Date

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
	MGRM Ronald Stanley	Same as above	

REINSTATEMENT 2005-2007
Felt

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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

Ronald R. Stanley

Date

4-24-07

Daytime Phone

(352) 504-1210

Typed or printed name of signing Managing Member/Manager