

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 DEC 30 AM 10:09

**DOCUMENT #**

1. Limited Liability Company's Name

Douglas F. Case L.L.C.  
LD4000087379

2. Principal Office Address

3153 Lockwood St.

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Port Charlotte, FL

City & State

Zip  
33952

Country  
Charlotte

Zip

Country

4. State/Country of Formation

Florida / Orange

5. Date Organized or Qualified  
To Do Business in Florida

12/2/2004

6. FEI Number

43-2067611

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

CR2E041 (8/05)

**8. Name and Address of Current Registered Agent**

Name

Douglas F. Case

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

2500 Lee Rd. W. APT # 2027

Suite, Apt. #, Etc.

200065012562

02/01/06--01083--002 \*\*\*15.00

City

Winter Park, 1

State

FL

Zip Code

33287

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

Douglas F. Case

REGISTERED AGENT MUST SIGN

Date 1/10/2006

**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	Douglas F. Case	3153 Lockwood St.	Pt. Charlotte, FL 33952

REINSTATEMENT 2005

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

Douglas F. Case

Date 1/10/2006

Daytime Phone # 407-766-6014

Typed or printed name of signing Managing Member/Manager

Douglas F. Case