

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000093972

1. Limited Liability Company's Name

Food Service Equipment Repairs
and Installations, LLC

200138380222
12/02/08--01031--006 **382.00

CR2E041 (10/08)

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

6053 NW 41 Circle

Suite, Apt. #, etc.

City & State

Bell FL

Zip

32619

Country

USA

3. Mailing Office Address

6053 NW 41 Circle

Suite, Apt. #, etc.

City & State

Bell FL

Zip

32619

Country

USA

4. State/Country of Formation

FL/USA

5. Date Organized or Qualified
To Do Business in Florida

1/2/2005

6. FEI Number

52-2451322

☐ 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

James M Diehl

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

6053 NW 41 Circle

Suite, Apt. #, Etc.

City

Bell

State

FL

Zip Code

32619

☐ 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

James M Diehl

REGISTERED AGENT MUST SIGN

Date 11/13/08

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
<u>mgrm</u>	<u>James Diehl</u>	<u>6053 NW 41 Circle</u>	<u>Bell FL 32619</u>

REINSTATEMENT 2007, 2008

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

James M Diehl

Date 11/13/08

Daytime Phone # 386-365-7564

Typed or printed name of signing Managing Member/Manager

James M Diehl

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 DEC -2 PM 12:07