

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

09 FEB 10 AM 11:16

DOCUMENT # L05000000066

1. Limited Liability Company's Name

Moser & Barrow, LLC

CR2E041 (10/08)

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

2463 Alanna Lane

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Melbourne, FL

City & State

Zip

32934

Country

USA

Zip

Country

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified
To Do Business in Florida

12/30/2004

6. FEI Number

20-2077419

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

Lynda Barrow Moser

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

2463 Alanna Lane

Suite, Apt. #, Etc.

City

Melbourne

State

FL

Zip Code

32934

☒ 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

Lynda Barrow Moser
REGISTERED AGENT MUST SIGN

Date 2/4/09

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	John W. Moser, III	2463 Alanna Lane	Melbourne, FL 32934
MGRM	Lynda Barrow Moser	2463 Alanna Lane	Melbourne, FL 32934
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REINSTATEMENT 2007-2009			

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

Lynda Barrow Moser
LYNDA BARROW MOSER

Date 2/4/09

Daytime Phone# 321-626-6502

Typed or printed name of signing Managing Member/Manager

T. Hampton FEB 11 2009