

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **W05000001911**

1. Limited Liability Company's Name

Anderson Enterprises LLC

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

2261 Linwood drive

Suite, Apt. #, etc.

City & State

Sarasota FL

Zip

34232

Country

3. Mailing Office Address

2261 Linwood drive

Suite, Apt. #, etc.

City & State

Sarasota FL

Zip

34232

Country

4. State/Country of Formation

florida

5. Date Organized or Qualified

To Do Business in Florida January 06 2005

6. FEI Number

202111654

☒ 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

Joseph c. Anderson IV

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

2261 Linwood drive

Suite, Apt. #, Etc.

City

Sarasota

State

FL

Zip Code

34232

☒ 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

Joseph C. Anderson IV

REGISTERED AGENT MUST SIGN

Date December 22 2008

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	Joseph c Anderson IV	2261 Linwood drive	Sarasota FL 34232

REINSTATEMENT 07-08
AL

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

Joseph C. Anderson IV

12/22/08

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

Joseph C Anderson IV