

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SEC. 1
DIVISION

07 NOV 14 PM 2:55

DOCUMENT # L05000006503

1. Limited Liability Company's Name

B & D McKinley Stamp, Sign
and Seal Co., LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box # 818 S. McDuff Avenue		3. Mailing Office Address 818 S. McDuff Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Jacksonville, FL		City & State Jacksonville, FL	
Zip 32205	Country USA	Zip 32205	Country USA

4. State/Country of Formation

Florida

**5. Date Organized or Qualified
To Do Business in Florida**

01-20-2005

6. FEI Number

68-0600913

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
McKinley, William D.
Street Address (P.O. Box Number is Not Acceptable)
10488 Normandy Blvd
Suite, Apt. #, Etc.
City
Jacksonville
State
FL
Zip Code
32221

☒ 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

Dudley D. McKinley
REGISTERED AGENT MUST SIGN

Date

10/26/07

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	McKinley, William D.	818 S. McDuff Avenue	Jacksonville, FL 32205
MGR	McKinley, Dudley D., III	818 S. McDuff Avenue	Jacksonville, FL 32205

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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

Dudley D. McKinley

Date 10/26/07

Daytime Phone #

(904) 388-6551

Typed or printed name of signing Managing Member/Manager

Dudley D. McKinley, Manager