

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

08 MAR -7 PM 1:24

DOCUMENT # L05000006667

1. Limited Liability Company's Name

JOSEPH A. CARTER, CONSULTANT LLC

CR2E041 (12/07)

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

1093 A1A BEACH BLVD.
Suite, Apt. #, etc.
224

City & State

ST. AUGUSTINE, FL.

Zip

32080

Country

USA

3. Mailing Office Address

1093 A1A BEACH BLVD.
Suite, Apt. #, etc.
224

City & State

ST. AUGUSTINE, FL.

Zip

32080

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

01/11/2005

6. FEI Number

412104919

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 A. CARTER

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

127 HERONS NEST LANE

Suite, Apt. #, Etc.

City

ST. AUGUSTINE

State

FL

Zip Code

32080

☐ 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 A. CARTER
REGISTERED AGENT MUST SIGN

Date 03/02/2008

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 A. CARTER	1093 A1A BEACH BLVD.	ST. AUGUSTINE, FL. 32080

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 A. CARTER

Date 03/02/2008 Daytime Phone # 904 759-0045

Typed or printed name of signing Managing Member/Manager

JOSEPH A. CARTER

REINSTATEMENT

06-08 Rep