

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRET  
DIVISION

07 DEC -4 PM 3: 38

DOCUMENT #

1. Limited Liability Company's Name

Charles R. Wills, Jr. LLC

2. Principal Office Address - No P.O. Box #  
110 N.E. 12th Terrace

3. Mailing Office Address  
same

Suite, Apt. #, etc.  
#2

Suite, Apt. #, etc.

City & State  
Ocala, FL

City & State

Zip  
34470

Country  
USA

Zip

Country

4. State/Country of Formation  
FL/United States

5. Date Organized or Qualified  
To Do Business in Florida 01/31/05

6. FEI Number  
01-0830383

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  
Charles R. Wills, Jr.

Street Address (P.O. Box Number is Not Acceptable)  
110 N.E. 12th Terrace

Suite, Apt. #, Etc.  
#2

City  
Ocala, FL

State  
FL

Zip Code  
34470

☒ 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

*Charles R. Wills, Jr.*

Date 11-21-2007

REGISTERED AGENT MUST SIGN

**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	Charles R. Wills, Jr.	110 N.E. 12th Terrace-#2	Ocala, FL 34470

000112662618

11/28/07--01045--002 \*\*100.00

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

*Charles R. Wills, Jr.*

Date 11-21-2007 Daytime Phone # 352-207-5096

Typed or printed name of signing Managing Member/Manager Charles R. Wills, Jr.