

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2008 NOV 12 P 1:37

FILED

CR2E041 (10/08)

**DOCUMENT #**

1. Limited Liability Company's Name

ALEX 255, LLC

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

83 Sunrise Lane

Suite, Apt. #, etc.

City & State

Panacea, FL

Zip

32346

Country

USA

3. Mailing Office Address

83 Sunrise Lane

Suite, Apt. #, etc.

City & State

Panacea, FL

Zip

32346

Country

USA

4. State/Country of Formation

5. Date Organized or Qualified  
To Do Business in Florida

2/3/2005

6. FEI Number

16-1717245

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

Rebecca G. Black

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

83 Sunrise Lane

Suite, Apt. #, Etc.

City

Panacea

State

FL

Zip Code

32346

☐ 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

Rebecca G. Black

REGISTERED AGENT MUST SIGN

Date 11-3-08

**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
MEM	George T Black	83 Sunrise Lane	Panacea, FL 32346
MGR	Rebecca G Black	83 Sunrise Lane	Panacea, FL 32346

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REINSTATEMENT 2008

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

Rebecca G. Black

Date

11-3-08

Daytime Phone #

850-984-0236

Typed or printed name of signing Managing Member/Manager

Rebecca G. Black