

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L05000019325

1. Limited Liability Company's Name

10  
**Gregg Patrick Ordner, LLC**

FILED STATE  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
11 MAR 11 PM 3:15

CR2E041 (1/11)

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

10048 Cypress Shadow Ave

3. Mailing Office Address

Same as Principal

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, Florida

City & State

Zip

33647

Country

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

02/25/05

6. FEI Number

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

All Florida Firm, Inc

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

813 Deltona Blvd. Ste A

Suite, Apt. #, Etc.

BOX 1372542

City

Deltona

State

FL

Zip Code

32765

E-mail Address:

600197520096  
03/11/11--01026--017 \*\*377.50

GORDNER@TAMABAX.ILL.COM  
(to be used for future annual report notices)

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date

3/9/11

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
P	Gregg Patrick Ordner	10048 Cypress Shadow Ave	Tampa, Florida 33647

REINSTATEMENT 2010-2011

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing

Member/Manager

*[Signature]* Date 3/9/11 Daytime Phone # 813-893-4187

Typed or printed name of signing Managing Member/Manager