

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L05000024885**

1. Limited Liability Company's Name

A.G.S. LLC

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

1414 BELLE VISTA DR.

Suite, Apt. #, etc.

3. Mailing Office Address

1414 BELLE VISTA DR.

Suite, Apt. #, etc.

City & State

ORLANDO FL

Zip

32809

Country

USA

City & State

ORLANDO FL

Zip

32809

Country

USA

4. State/Country of Formation

FL / USA

5. Date Organized or Qualified
To Do Business in Florida

3/11/2005

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

KEITH N. SEVERNS

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

1414 BELLE VISTA DR.

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32809

32809

E-mail Address:

400200008874

03/31/11--01005--019 **655.00

blakeavant@gmail.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

Date

2/1/11

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	KEITH N. SEVERNS	1414 BELLE VISTA DR.	ORLANDO FL 32809
MGR			

REINSTATEMENT 2008 - 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

Date

2/1/11

Daytime Phone #

407 448 8605

Typed or printed name of signing Managing Member/Manager

KEITH SEVERNS