

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # LO500025366

1. Limited Liability Company's Name

LAKE CITY SIGN SERVICE, L.L.C.

FILED

10 MAY -4 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600180231216
05/04/10--01031--006 **416.25
CR2E041 (11/09)

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

1562 S.E. Baya Dr.
Suite, Apt. #, etc.

3. Mailing Office Address

1562 S.E. Baya Dr.
Suite, Apt. #, etc.

City & State

Lake City, FL

City & State

SOME

Zip

32024

Country

U.S.A.

Zip

SOME

Country

4. State/Country of Formation

FL USA

5. Date Organized or Qualified
To Do Business in Florida

3/4/2005

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

ROGER DALE HACKER SR.

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

1562 S.E. Baya Drive.

Suite, Apt. #, Etc.

City

Lake City

State

FL

Zip Code

32024

☒ 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

Roger Dale Hacker

REGISTERED AGENT MUST SIGN

Date 5/4/2010

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
<u>Manager</u>	<u>ROGER HACKER</u>	<u>1562 S.E. Baya Dr</u>	<u>Lake City, FL 32024</u>
<u>Manager</u>	<u>ROGER HACKER II</u>	<u>1562 S.E. Baya Dr</u>	<u>Lake City, FL 32024</u>

REINSTATEMENT 2008-10-28

11. E-mail Address: S2DINER @ COMCAST.NET

(To be used for future annual report notifications)

12. 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

Roger Dale Hacker

Date 5/4/2010

Daytime Phone # 386-308-5007

Typed or printed name of signing Managing Member/Manager