

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # LD5000036124

1. Limited Liability Company's Name

Seniors and you, L.L.C.

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

5667 Bevis Rd.

Suite, Apt. #, etc.

3. Mailing Office Address

15414 Pepper Pine Ct.

Suite, Apt. #, etc.

City & State

Bascom, Florida

Zip

32423

Country

Jackson

City & State

Land O' Lakes, Fla.

Zip

34638

Country

Pasco

4. State/Country of Formation

Jackson

5. Date Organized or Qualified
To Do Business in Florida

4/05

6. FEI Number

522487017

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

Susiett Mount

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

5667 Bevis Rd.

Suite, Apt. #, Etc.

City

Bascom

State

FL

Zip Code

32423

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

Susiett Mount

Date 2.15.10

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
<u>Executive Director</u>	<u>Susiett mount</u>	<u>5667 Bevis Rd. Bascom, Fla. 32423</u>	<u>Bascom, Fla. 32423</u>
<u>Director</u>	<u>Alexus L. Leonard</u>	<u>15414 Pepper Pine Ct. Land O' Lakes, Fla. 34638</u>	<u>Land O' Lakes, Fla. 34638</u>

REINSTATEMENT 09-10

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

Susiett Mount

Date 2.15.10

Daytime Phone #

813-996-0191
01 813-428-4868 (11)

Typed or printed name of signing Managing Member/Manager