

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05800036635

1. Limited Liability Company's Name

A-1 Enterprises LLC

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

17611 Rollohomer Rd

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

FOUNTAIN

City & State

FL

Zip

32438

Country

US

Zip

32438

Country

8. Name and Address of Current Registered Agent

Name

Robert Earnest Glenn Jr.

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

17611 Rollohome Rd.

Suite, Apt. #, Etc

City

FOUNTAIN

State

FL

Zip Code

32438

4. State/Country of Formation

FLA/US

5. Date Organized or Qualified To Do Business in Florida

8-5-11

6. FEI Number

27-0120076

Applied For

☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required for a Certificate of Status

E-mail Address:

100211019191

08/15/11--01002--005 **516.25

a.1enterprises@yahoo

(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

Robert E Glenn Jr.

REGISTERED AGENT MUST SIGN

Date

8-5-11

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
MGR	Robert Earnest Glenn Jr.	17611 Rollohome Rd	FOUNTAIN, FL 32438
MGRm	Robert Earnest Glenn III	12529 Greenbriardr.	FOUNTAIN, FL 32438

REINSTATEMENT - 09-2011

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

Robert E Glenn Jr.

Date

8-5-11

Daytime Phone #

850-785-0610

Typed or printed name of signing Managing Member/Manager

CGJ