

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 MAR 27 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000048101

1. Limited Liability Company's Name

VENICE SPRINKLERS, LLC

06

CR2E041 (12/07)

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

9524 JASMINE BOULEVARD

Suite, Apt. #, etc.

3. Mailing Office Address

9524 JASMINE BOULEVARD

Suite, Apt. #, etc.

City & State

NEW PORT RICHEY, FLORIDA

City & State

NEW PORT RICHEY, FLORIDA

Zip

34654

Country

USA

Zip

34654

Country

USA

4. State/Country of Formation

FLORIDA/USA

5. Date Organized or Qualified
To Do Business in Florida

05/16/2005

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

GREG WILSON

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

9524 JASMINE BOULEVARD

Suite, Apt. #, Etc.

City

NEW PORT RICHEY

State

FL

Zip Code

34654

☐ 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

Greg Wilson

REGISTERED AGENT MUST SIGN

Date 3-26-08

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
MGRM	GREG WILSON	9524 JASMINE BOULEVARD	NEW PORT RICHEY, FL 34654
MGRM	DEBORAH A. WILSON	9524 JASMINE BOULEVARD	NEW PORT RICHEY, FL 34654

REINSTATEMENT

2007-2008

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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

Greg Wilson

Date 3-26-08 Daytime Phone # 727/389-5120

Typed or printed name of signing Managing Member/Manager Greg Wilson