

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 OCT -3 AM 8:49
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L05000048232

1. Limited Liability Company's Name

Sinclair And Son, LLC

800136389548
09/26/08--01047--007 **277.50
CR2E041 (12/07)

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

6116 Armstrong Road

Suite, Apt. #, etc.

City & State

Elkton, FL

Zip

32033

Country

US

3. Mailing Office Address

P.O. Box 1203

Suite, Apt. #, etc.

City & State

Hastings, FL

Zip

32148

Country

US

4. State/Country of Formation

FL / US

**5. Date Organized or Qualified
To Do Business in Florida**

05/11/2005

6. FEI Number
30-0317495

☐ 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

Sinclair Smith

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

6116 Armstrong Road

Suite, Apt. #, Etc.

City

Elkton

State

FL

Zip Code

32033

☒ 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

Sinclair Smith
REGISTERED AGENT MUST SIGN

Date 09/24/2008

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	Sinclair Smith	6116 Armstrong Road	Elkton FL 32033
MGRM	Shawn Smith	6116 Armstrong Road	Elkton FL 32033

L. SELLERS

OCT - 62008

REINSTATEMENT

07-08

EXAMINER

11. I certify that I am managing member/manger 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

Sinclair Smith

Date 09/24/2008

Daytime Phone # 386-227-0058

Typed or printed name of signing Managing Member/Manager Sinclair Smith