

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 APR 22 PM 12:06

DOCUMENT # L05000053942

1. Limited Liability Company's Name

LH Owen P, LLC

700120588337
03/18/08--01012--008 **238.75
CR2E041 (12/07)

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

3. Mailing Office Address

862 Country Crossing Ct Suite, Apt. #, etc.

City & State

Kissimmee, FL

Zip 34744 Country

City & State

Kissimmee, FL

Zip 34744 Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

5/23/2005

6. FEI Number

20-3032436

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

Owen Perkins

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

17839 Sailfish Dr

Suite, Apt. #, Etc.

City

Lutz

State

FL

Zip Code

33558

☐ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date 3/11/08

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
P	Owen Perkins	17839 Sailfish Dr	Lutz, FL 33558
	REINSTATEMENT	07-08	700120588337 04/18/08--01046--003 **138.75
	REINSTATEMENT	2007-08.	

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

[Signature]

Date 3/11/08

Daytime Phone #

321-508-5862

Typed or printed name of signing Managing Member/Manager

Owen Perkins