

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
DIVISION OF CORPORATIONS

01 FEB 16 AM 10:07

DOCUMENT # L05000061732

1. Limited Liability Company's Name

Access Four Enterprises, LLC

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

3172 Hatten St

Suite, Apt. #, etc.

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Sarasota FL

Zip

34237

Country

USA

City & State

Zip

Country

CR2E041 (1-07)

4. State/Country of Formation

FL/USA

5. Date Organized or Qualified
To Do Business in Florida

6/22/05

6. FEI Number

51-0547176

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$3.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Roger T. Haughey

Street Address (P.O. Box Numbers Not Acceptable)

3172 Hatten St

Suite, Apt. #, Etc.

City

Sarasota

State

FL

Zip Code

34237

☐ 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

REGISTERED AGENT MUST SIGN

Date

2/13/07

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
Mgmn	Roger T. Haughey	3172 Hatten St	Sarasota, FL 34237
			700088880947
			02/21/07--01017--002 **125.00
			REINSTATEMENT 06-07

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

Date

2/13/07

Daytime Phone #

941-955-8403

Typed or printed name of signing Managing Member/Manager

Roger T. Haughey