

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 OCT -8 AM 8:32

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000068434

1. Limited Liability Company's Name

Action Outdoor Service LLC

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

5781 Lee Blvd.

Suite, Apt. #, etc.

208340

City & State

Lehigh Acres FL

Zip

33971

Country

US

3. Mailing Office Address

651 Dubarry Ave.

Suite, Apt. #, etc.

City & State

Lehigh Acres FL

Zip

33971

Country

US

CR2E041 (1/07)

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

06-1749422

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

Ocil Aishawn Roberts

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

651 Dubarry Ave.

Suite, Apt. #, Etc.

City

Lehigh Acres

State

FL

Zip Code

33971

☐ 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

9/30/07

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
<u>MC-R</u> <u>owner</u>	<u>Ocil Roberts</u>	<u>651 Dubarry</u>	<u>Lehigh Acres FL</u>

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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

[Signature]

Date

9/30/07

Daytime Phone #

(259)

872-2075

Typed or printed name of signing Managing Member/Manager

Ocil Aishawn Roberts