

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

9-15-06
200.00

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 MAR 26 AM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # LD5000069912

1. Limited Liability Company's Name

WAYLON A LOLLEY LLC

CR2E041 (1/07)

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

2763 Beall Packing Rd

Suite, Apt. #, etc.

City & State

Bonifay, FL

Zip
32425

Country
US

3. Mailing Office Address

2763 Beall Packing Rd

Suite, Apt. #, etc.

City & State

Bonifay, FL

Zip
32425

Country
US

4. State/Country of Formation

FL, US

5. Date Organized or Qualified
To Do Business in Florida

07/21/2005

6. FEI Number
594447483

☒ 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
WAYLON A LOLLEY

Street Address (P.O. Box Number is Not Acceptable)
2763 Beall Packing Rd

Suite, Apt. #, Etc.

City
Bonifay

State
FL

Zip Code
32425

☐ 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

Waylon Lolley

REGISTERED AGENT MUST SIGN

Date **03-11-07**

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
MGR	WAYLON A LOLLEY	2763 Beall Packing Rd	Bonifay, FL 32425
			000095222850 03/29/07--01026--025 **50.00
			06-07
			000095222850 03/29/07--01026--026 **155.00

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

Waylon Lolley

Date **03-11-07**

Daytime Phone # **(850) 547-2549**

Typed or printed name of signing Managing Member/Manager