

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000069912

1. Limited Liability Company's Name

Waylon A Lolley LLC

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

2763 Beall Packing Road

Suite, Apt. #, etc.

City & State

Bonifay FL

Zip

32425

Country

US

3. Mailing Office Address

2763 Beall Packing Road

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 Road

Suite, Apt. #, Etc.

City

Bonifay FL

State

FL

Zip Code

32425

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

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 Road	Bonifay FL
	REINSTATEMENT	08-10	
	101-27199		

11. E-mail Address:

(To be used for future annual report notifications)

12. 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

6-2-10

Daytime Phone #

(850) 258-4112

Typed or printed name of signing Managing Member/Manager