

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 AUG -4 PM 3:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
600159237116
08/05/09--01001--005 **555.00
CR2E041 (10/08)

DOCUMENT # L05000073036

1. Limited Liability Company's Name
A&A Custom services LLC

2. Principal Office Address - No P.O. Box # 685 Sw Steedley Dr		3. Mailing Office Address 685 Sw Steedley Dr	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Lake City Florida		City & State Lake City Florida	
Zip 32024	Country United States	Zip 32024	Country United States

4. State/Country of Formation Florida/United States	
5. Date Organized or Qualified To Do Business in Florida 07/26/2005	
6. FEI Number 20-3199734	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name
Dwayne Aldridge

Street Address (P.O. Box Number is Not Acceptable)
685 Sw Steedley Dr

Suite, Apt. #, Etc.

City
Lake City

State
FL

Zip Code
32024

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 _____ Date **08/04/2009**

REGISTERED AGENT MUST SIGN

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
mg-rh Owner	Dwayne Aldridge	685 Sw Steedley Dr	Lake City Florida 32024

REINSTATEMENT 08-09
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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 *Dwayne Aldridge* Date **08/04/2009** Daytime Phone # **(386)752-9140**

Typed or printed name of signing Managing Member/Manager **Dwayne Aldridge**