

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 \*\*\$55.00

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

Suite, Apt. #, etc.

City & State

Lake City Florida

Zip

32024

Country

United States

3. Mailing Office Address

685 Sw Steedley Dr

Suite, Apt. #, etc.

City & State

Lake City Florida

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

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

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

REGISTERED AGENT MUST SIGN

Date 08/04/2009

**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  
AL

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