

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 FEB 15 AM 9:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400168736364
02/15/10--01003--002 ***277.50

CR2E041 (11/09)

DOCUMENT # L050000 76950

1. Limited Liability Company's Name

Vincent J TreHes LLC

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

127 Tickie Ridge Cir

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Crawfordville

City & State

Florida

Zip

Country

32327 Wakulla

Zip

Country

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

33112377

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

Vincent J TreHes

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

127 Tickie Ridge Cir.

Suite, Apt. #, Etc.

City

Crawfordville

State

FL

Zip Code

32327

☒ 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

Vincent J TreHes

REGISTERED AGENT MUST SIGN

Date Feb. 15 2010

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
MEM	Andrew Christopher Bechtel	127 Tickie Ridge Cir	Crawfordville FL 32327
MEM	Joseph D. Mims	137 Tickie Ridge Cir	Crawfordville FL 32327
MEM	Vincent J TreHes SR	127 Tickie Ridge Cir	Crawfordville FL 32327
REINSTATEMENT		85 Happy Time Dr	Crawfordville FL 32327
● 09-10 OK			

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

Vincent J TreHes

Date Feb 15 2010

Daytime Phone # 210-4317

Typed or printed name of signing Managing Member/Manager