

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRET
DIVISION

07 DEC 20 AM 11:27

DOCUMENT # L05000082304

1. Limited Liability Company's Name

Dan K Vickers, LLC

000113300810
12/20/07- 01019--013 **150.00

CR2E041 (1/07)

SPAM 12/21

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

8253 36th Ave N

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St Petersburg, FL

City & State

Zip

Country

33710

Pinellas

Zip

Country

4. State/Country of Formation

Pinellas County Florida

5. Date Organized or Qualified
To Do Business in Florida

Sept 05

6. FEI Number

74-3244030

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

Dan K Vickers

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

8253 36th Ave. N

Suite, Apt. #, Etc.

City

St Petersburg

State
FL

Zip Code
33710

☒ 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

Dan K. Vickers

Date 12-15-07

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
MGAM	Dan K. Vickers	8253 36th Ave N	St. Petersburg, FL 33710

REINSTATEMENT 06-07

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

Dan K. Vickers

Date

12-15-07

Daytime Phone #

727 744 4649

Typed or printed name of signing Managing Member/Manager

Dan K. Vickers