

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000090347

1. Limited Liability Company's Name

White Management Services, LLC

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

1513 South Church Avenue

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33629

Country

USA

3. Mailing Office Address

1513 South Church Avenue

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33629

Country

USA

4. State/Country of Formation

Florida

**5. Date Organized or Qualified
To Do Business in Florida**

9-13-05

6. FEI Number

None

☐ 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

Peter J. Kelly

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

100 South Ashley Drive

Suite, Apt. #, Etc.

1300

City

Tampa

State
FL

Zip Code
33629

☐ 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 11/3/08

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
Mbr.	Alan L. White	829 East Avenue	Scottdale, Georgia 30079
Mbr.	Dana B. White	3550 Buford Highway	Duluth, Georgia 30096
Mbr.	Helen Brown	4922 San Rafael Avenue	Tampa, Florida 33629
			800137795349
			11/10/08--01067--016 **521.25
			REINSTATEMENT
			06-08

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**

Date

10/29/08

Daytime Phone #

770.476.1659

Typed or printed name of signing Managing Member/Manager

Dana White

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (10/08)