

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 MAR 31 PM 2:08

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000092751

1. Limited Liability Company's Name

STOCKWELL-STEBBINS ENTERPRISES, LLC

MS

06

600173902816
03/31/10--01029--010 **693.75

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box #
293 E. Putney Brook Road

Suite, Apt. #, etc.

City & State

Putney, VT

Zip

05346

Country

USA

3. Mailing Office Address

293 E. Putney Brook Road

Suite, Apt. #, etc.

City & State

Putney, VT

Zip

05346

Country

USA

4. State/Country of Formation
Florida/USA

5. Date Organized or Qualified
To Do Business in Florida

Sept. 9, 2005

6. FEI Number

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

Lewis W. Stone - Stone & Gerken, P.A.

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

4850 N. Highway 19A

Suite, Apt. #, Etc.

City

Mount Dora

State

FL

Zip Code

32757

☒ 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

[Signature]

Date

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
MGR	Nancy C. Stockwell	293 E. Putney Brook Road	Putney, VT 05346

REINSTATEMENT

2006-2010

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

[Signature]

Date 3-26-10

Daytime Phone # 352-357-0330

Typed or printed name of signing Managing Member/Manager