

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED  
AND  
FILED

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

15 MAR 26 AM 9:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # LO5000092767

1 Limited Liability Company's Name

Bigmack Quincy LLC

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

117 mt calvary ch Rd

Suite, Apt. #, etc.

3 Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Quincy Fla

City & State

Zip

Country

32352

Zip

Country

8. Name and Address of Current Registered Agent

Name

Arthur E Wilcox

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

117 mt calvary ch Rd

Apt. #, Etc.

City

Quincy

State

FL

Zip Code

32352

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of

Registered Agent

Arthur E Wilcox

REGISTERED AGENT MUST SIGN

Date 3/26/2015

10 Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
<u>mgr</u>	<u>Arthur E Wilcox</u>	<u>117 mt calvary ch Rd</u>	<u>Quincy Fla 32352</u>

REINSTATEMENT 2013-2015

11. E-mail Address Bigmackquincycomcast.net

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Arthur E Wilcox

Date

3/26/2015

Daytime Phone #

850-445-1559

Typed or printed name of signing authorized representative/member

Arthur F Wilcox

CR2E041 (1/14)

4 State/Country of Formation

FLA / US

5 Date Organized or Qualified  
To Do Business in Florida

6 FEI Number

42-1704815

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a certificate of status

100271093041  
03/26/15--01006--001 \*\*516.25

MAR 25 2015

L. SELLERS