

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # LO5000096526

1. Limited Liability Company's Name

Al E Zanco Jr.

2. Principal Office Address (No P.O. Box #)

268 Park Ave

Suite, Apt. #, etc.

City & State

Sopchoppy Fla.

Zip

Country

32358

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

5. Date Organized or Qualified  
To Do Business in Florida

6. FEI Number

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

CR2E041 (1/11)

8. Name and Address of Current Registered Agent

Name

Al E Zanco Jr.

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

268 Park

Suite, Apt. #, Etc.

Fla 32358

City

Sopchoppy

State

FL

Zip Code

E-mail Address:

400253941864

11/18/13--01003--004 \*\*238.75

(To be used for future annual report notices)

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

Al E Zanco Jr.

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
MGRM	Zanco	AL	E Jr.
	268	Park Ave	Sopchoppy Fla

400253941864

11/18/13--01003--005 \*\*138.75

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. 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 Managing  
Member/Manager

Al E Zanco Jr.

Date

11-18-13

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

DC 11/18/13