

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

W07534560

2007 NOV 16 PM 1:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

LD5000103671

1. Limited Liability Company's Name

Jeffrey Moreland LLC

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

377 Carriage LN

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Lady Lake FL

City & State

Zip

32159

Country

USA

Zip

32159

Country

USA

4. State/Country of Formation

Florida, USA

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

8. Name and Address of Current Registered Agent

Name

Dennis Fouts D+D Construction

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

3915 BRAE BURN ST.

Suite, Apt. #, Etc.

MT. Plymouth

City

MT. Plymouth

State

FL

Zip Code

32776

☐ 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

Dennis Fouts

Date 10/24/07

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
MGR	Jeffrey Moreland	377 Carriage Lane	Lady Lake FL 32159
			LS
			300111461123
			10/29/07--01065--012 **200.00
			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

Jeffrey Moreland

Date

Daytime Phone #

352 516-1839

Typed or printed name of signing Managing Member/Manager

Jeffrey Moreland