

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 MAR 27 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000114830

1. Limited Liability Company's Name

Thomas Well Drilling, LLC

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

428 Silver Lake Dr

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Palatka, FL

City & State

Zip

32177

Country

Putnam

Zip

Country

4. State/Country of Formation

FL, USA

5. Date Organized or Qualified
To Do Business in Florida

11/17/05

6. FEI Number

04-3847497

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

Tony Thomas

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

428 Silver Lake Dr

Suite, Apt. #, Etc.

City

Palatka,

State

FL

Zip Code

32177

☒ 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

Tony Thomas

REGISTERED AGENT MUST SIGN

Date 3 19 07

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
mm	Tony Thomas	428 Silver Lake Dr	Palatka, FL 32177
mm	Julia Thomas	428 Silver Lake Dr	Palatka, FL 32177
			000095789150 04/04/07--01026--009 **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

Tony Thomas

Date 4 19 07

Daytime Phone # 386-937-8002

Typed or printed name of signing Managing Member/Manager

Tony Thomas