

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
• Secretary of State
DIVISION OF CORPORATIONS

FILED

12 AUG 14 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L05000117437**

1. Limited Liability Company's Name

Tom Saxe Welding L.L.C.

CR2E041 (05/10)

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

Tom Saxe

3. Mailing Office Address

Tom Saxe

Suite, Apt. #, etc.

2109 Oakland Dr

Suite, Apt. #, etc.

2109 Oakland Dr

City & State

Brandon Fla

City & State

Brandon Fla

Zip

33510

Country

hills

Zip

33510

Country

hills

4. State/Country of Formation

Fla

5. Date Organized or Qualified
To Do Business in Florida

12/8/05

6. FEI Number

203902961

☐ 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

Tom Saxe

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

2109 Oakland Dr

Suite, Apt. #, Etc.

City

Brandon

State

FL

Zip Code

33510

200236561252
08/14/12--01021--004 **277.50

200236561252
06/19/12--01024--002 **238.75

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

Thomas C Saxe
REGISTERED AGENT MUST SIGN

Date

6/13/12

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	Tom Saxe	2109 Oakland Dr Brandon FL 3	Brandon Fla 33510

REINSTATEMENT **2010-12** **SRH**

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

Thomas C Saxe

Date

6/13/12

Daytime Phone #

813 917-4863

Typed or printed name of signing Managing Member/Manager