


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

I did NOT  
FILE  
Notices  
Rec 03/04-7 PM 12:58

**DOCUMENT #**

1. Limited Liability Company's Name

206000008453

McClune And  
Assoc.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

**2. Principal Office Address - No P.O. Box #**  
8738 Ft. Sockum Village  
Suite, Apt. #, etc. Place

**3. Mailing Office Address**  
SAME

**City & State**  
Lakeland, FL

**City & State**

**Zip** 33810 **Country** USA

**4. State/Country of Formation**  
Florida

**5. Date Organized or Qualified To Do Business in Florida**  
1/24/06

**6. FEI Number**  
20-4199080

**7. CERTIFICATE OF STATUS DESIRED** ☐ \$5.00 Additional Fee required for a Certificate of Status

**8. Name and Address of Current Registered Agent**

**Name**  
Kelly Battaglia

**Street Address (P.O. Box Number is Not Acceptable)**  
8738 Fort Sockum Village Place

**Suite, Apt. #, Etc.**

**City** Lakeland **State** FL **Zip Code** 33810

☒ 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** Kelley A Battaglia **Date** 12/31/2007

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
Pres	Christine Canaan	2942 Steep Hill Rd	Lakeland, FL
VP	Mark Haefly	8738 Ft Sockum Village Place	Lakeland, FL 33810
Sec.	Kelly Battaglia	8738 Ft Sockum Village Place	Lakeland, FL 33810

**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** Mark B Haefly **Date** 12/31/07 **Daytime Phone #** 863-450-6999

**Typed or printed name of signing Managing Member/Manager** Mark Haefly