

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

09 DEC 31 AM 9:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L06000028032

1. Limited Liability Company's Name

Will's Maintenance LLC

CR2E041 (11/09)

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

505 Hickory Lane

State, Apt. #, etc.

3. Mailing Office Address

505 Hickory Lane

Suite, Apt. #, etc.

4. State/Country of Formation

Florida US

5. Date Organized or Qualified  
To Do Business in Florida

6. FEI Number  
80-0803075

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

City & State

Havana, FL

Zip Country

32333 US

City & State

Havana, FL 32333

Zip Country

32333 US

8. Name and Address of Current Registered Agent

Name

William R Shriner III

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

505 Hickory Lane

Suite, Apt. #, Etc.

City

Havana

State

FL

Zip Code

32333

☒ 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

Wm R Shriner III

Date 12/31/09

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	Will Shriner	505 Hickory Lane	Havana, FL 32333

EXAMINER  
DEC 31 2009  
S. HAWKES

REINSTATEMENT  
2009

200164082452  
12/31/09--01006--004 \*\*138.75

11. E-mail Address: Tim Worker 123@Yahoo.Com.

(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

Wm R Shriner III

Date 12/31/09

Daytime Phone #

854/980-3943

Typed or printed name of signing Managing Member/Manager