

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

08 JAN 10 PM 1:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L06 000036752

1. Limited Liability Company's Name

**Lear Group Enterprises**

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box # <b>9010 Beacon Manor Ter</b>		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Bradenton</b>		City & State	
Zip <b>34212</b>	Country <b>Manatee</b>	Zip <b>34212</b>	Country

4. State/Country of Formation	
5. Date Organized or Qualified To Do Business in Florida	
6. FEI Number	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent		
Name <b>Charles V. Locklear</b>		
Street Address (P.O. Box Number is Not Acceptable) <b>9010 Beacon Manor Terrace</b>		
Suite, Apt. #, Etc.		
City <b>Bradenton</b>	State <b>FL</b>	Zip Code <b>34212</b>

☐ 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 Charles V. Locklear  
REGISTERED AGENT MUST SIGN

Date 12/30/07

**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
Pres	Charles V. Locklear	9010 Beacon Manor Ter	Bradenton, FL 34212
V-Pres	Joyce P. Locklear	9010 Beacon Manor Ter	Bradenton, FL 34212

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01/03/08--01034--011 \*\*150.00

**REINSTATEMENT 07 GA 1/10**

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 Charles V. Locklear Date 12-31-07 Daytime Phone # 941-224-1729

Typed or printed name of signing Managing Member/Manager \_\_\_\_\_