

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

10 AUG 18 PM 12:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L06000037675

1. Limited Liability Company's Name

RECONDITIONING PLUS, LLC

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box #  
1702 RIVEREDGE RD

3. Mailing Office Address  
P.O. BOX 420935

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OUIDO, FL

City & State

KISSIMMEE, FL

Zip

32766

Country

USA

Zip

34742

Country

USA

4. State/Country of Formation

FLORIDA USA

5. Date Organized or Qualified  
To Do Business in Florida

09-07-2006

6. FEI Number

51-0576505

☐ 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

ROBERT E. OLSON

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

1702 RIVEREDGE RD.

Suite, Apt. #, Etc.

City

OUIDO

State

FL

Zip Code

32766

500184380805  
08/16/10--01004--017 \*\*382.50

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

Robert E. Olson  
REGISTERED AGENT MUST SIGN

Date 8-12-10

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
MEM	ROBERT E. OLSON	1702 RIVEREDGE RD	OUIDO, FL 32766

JB

**REINSTATEMENT** 2009-10

11. E-mail Address: LAND B OLSON @ AOL.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

Robert E. Olson

Date

8-12-10

Daytime Phone # 407-931-6426

Typed or printed name of signing Managing Member/Manager