

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 APR -3 PM 1:44

SECRETARY OF STATE
TALLAHASSEE FLORIDA

CR2E041 (12/07)

DOCUMENT # L 06000041434

1. Limited Liability Company's Name

STRONG TOWER YATCH SERVICES, LLC

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

4578 LIVE OAK CHURCH
Suite, Apt. #, etc.
ROAD

3. Mailing Office Address

4578 LIVE OAK CHURCH
Suite, Apt. #, etc.
ROAD

City & State

CRESTVIEW FL

City & State

CRESTVIEW FL

Zip

32539

Country

US

Zip

32539

Country

US

4. State/Country of Formation

FLORIDA USA

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

NONE

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

CABRERA, AMPARO

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

4578 LIVE OAK CHURCH ROAD

Suite, Apt. #, Etc.

City

CRESTVIEW

State

FL

Zip Code

32539

☐ 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

REGISTERED AGENT MUST SIGN

Date 3-28-08

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	ANTONIO MOLINA	2760 Weats Dr.	crestview FL 32539
			500121792845 04/01/08--01021--011 **377.50

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

Date 3-28-08 Daytime Phone # 407-587-5236

Typed or printed name of signing Managing Member/Manager

ANTONIO MOLINA