

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000050548

1. Limited Liability Company's Name

DEBORAH A. HENRY, LLC

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

Suite, Apt. #, etc.

City & State

Florida

Zip

33403

Country

USA

3. Mailing Office Address

724 Laurel Dr

Suite, Apt. #, etc.

City & State

Lake Park

Zip

33403

Country

USA

4. State/Country of Formation

Palm Beach, FL

5. Date Organized or Qualified

To Do Business in Florida Any and all lawful business

6. FEI Number

75-3215947

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

Deborah A Henry 753215947

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

724 Laurel Dr

Suite, Apt. #, Etc.

Lake Park

City

Lake Park

State

FL

Zip Code

33403

☒ 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

Deborah A. Henry

REGISTERED AGENT MUST SIGN

Date 6/1/2009

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
MGR	DEBORAH HENRY	724 Laurel Dr	Lake Park, FL 33403

REINSTATEMENT

2007-09

(W)

S. HAWKES

JUL 13 2009

EXAMINER
EXAMINER

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

Deborah A. Henry

Date

6/1/09

Daytime Phone # 561-577-5995

Typed or printed name of signing Managing Member/Manager

DEBORAH HENRY



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 10, 2009

DEBORAH A HENRY, LLC
724 LAUREL DR
LAKE PARK, FL 33403

SUBJECT: DEBORAH A HENRY, LLC
Ref. Number: L06000050548

We have received your document for DEBORAH A HENRY, LLC and your check(s) totaling \$516.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain the name, title, and business address of each managing member or manager who will manage the foreign limited liability company in the state of Florida. Please insert "MGRM" in the title portion for each managing member and "MGR" in the title portion for each manager.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes
Regulatory Specialist II

Letter Number: 809A00019560