

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 NOV 24 PM 4:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000063870

1. Limited Liability Company's Name

AS/L Enterprises LLC

400163100764
11/25/09--01001--017 **138.75
CR2E041 (11/09)

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

323 S. Patton St

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 366

Suite, Apt. #, etc.

City & State

Quincy, FL

City & State

Quincy

Zip

32351

Country

USA

Zip

FL

Country

GADSDEN USA

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

6/23/06

6. FEI Number

20-5158479

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

FELISCHA M. REDDING

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

323 S. Patton St

Suite, Apt. #, Etc.

City

Quincy

State

FL

Zip Code

32351

☒ 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

Felisha Redding

REGISTERED AGENT MUST SIGN

Date 11/24/09

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
MEMBER	SAMUEL, Sampson	323 S. Patton St	Quincy, FL 32351

REINSTATEMENT

2009 DEM

11. E-mail Address:

redding-felisha@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

Felisha Redding

Date 11/24/09

Daytime Phone #

(850) 519-9332

Typed or printed name of signing Managing Member/Manager