

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

10 APR 21 AM 10:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L060000672743

1. Limited Liability Company's Name

John Liddell Enterprises LLC

000176680880  
04/20/10--01044--006 \*\*\$60.00

CR2E041 (11/09)

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

2000 NW 33rd Court  
Oakland Park, FL 33309

3. Mailing Office Address

2000 N.W. 33rd Court

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

OAKLAND PARK, FL

City & State

OAKLAND PARK, FL

Zip

33309

Country

U.S.

Zip

33309

Country

U.S.

4. State/Country of Formation

Florida U.S.A.

5. Date Organized or Qualified  
To Do Business in Florida

7-21-2006

6. FEI Number

20-5248796

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

Liddell, JOHN L.

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

2000 NW 33rd Court

Suite, Apt. #, Etc

City

Oakland Park

State

FL

Zip Code

33309

☒ 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

John L. Liddell

REGISTERED AGENT MUST SIGN

Date April 15, 2010

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	John Liddell	2000 N.W. 33rd Court	Oakland Park, FL 33309
	L. SELLERS		
	APR 22 2010		
	EXAMINER	REINSTATEMENT	07-10

11. E-mail Address

(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

John L. Liddell

Date April 15, 2010 Daytime Phone # 954-6122766

Typed or printed name of signing Managing Member/Manager