

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2009 MAY -4 AM 8:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

700149163357

04/08/09--01003--016 \*\*282.50

CR2E041 (10/08)

DOCUMENT # LO6-77422

1. Limited Liability Company's Name

ALAN E. DAVIS

721 SINCLAIR ST. CHIPLEY FL 32428

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

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

ChIPLEY FL.

Zip  
32428

Country  
UNITED STATES

Zip

Country

4. State/Country of Formation

FL. / USA

5. Date Organized or Qualified  
To Do Business in Florida

6. FEI Number

205326709

☒ 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  
Alan DAVIS

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

Suite, Apt. #, Etc.

City  
ChIPLEY

State  
FL

Zip Code  
32428

☒ 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 Alan E. Davis

Date 4/29/09

REGISTERED AGENT MUST SIGN

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
<u>MGR</u>	<u>ALAN E. DAVIS</u>	<u>721 Sinclair St.</u>	<u>ChIPLEY, FL 32428</u>

REINSTATEMENT

68-09

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 Alan E. Davis

Date 2/20

Daytime Phone # 850 326-0291

Typed or printed name of signing Managing Member/Manager ALAN E. DAVIS