

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2010 JUL -7 PM 2:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500182635045
06/25/10--01039--003 **516.25

CR2E041 (05/10)

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000094909

1. Limited Liability Company's Name

AA-1 MOBILE SERVICE PLUS, LLC

2. Principal Office Address - No P.O. Box # 5971 WEST BEAVER STREET		3. Mailing Office Address 425 BAY POINT WAY NORTH	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State JACKSONVILLE, FLORIDA		City & State JACKSONVILLE, FL	
Zip 32254	Country US	Zip 32259	Country US

4. State/Country of Formation FLORIDA	
5. Date Organized or Qualified To Do Business in Florida 09262007	
6. FEI Number 20-5782360	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name **BOBBI PEPPERS**

Street Address (P.O. Box Number is Not Acceptable)
425 BAY POINT WAY NORTH

Suite, Apt. #, Etc.

City **JACKSONVILLE** State **FL** Zip Code **32259**

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 *Bobbi Peppers* Date **06/01/2010**

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
MGRM	BOBBI PEPPERS	425 BAY POINT WAY N	JACKSONVILLE, FL 32259
MGR	DAVID PEPPERS	425 BAY POINT WAY N	JACKSONVILLE, FL 32259

500182635045
07/08/10--01004--006 **138.75

REINSTATEMENT 07-10

11. E-mail Address: _____ (To be used for future annual report notifications)

12. I certify that I am managing member/manager of 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 *Bobbi Peppers* Date **06/01/2010** Daytime Phone # **904-786-7007**

Typed or printed name of signing Managing Member/Manager **BOBBI PEPPERS**

C.F.

655.00