

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 DEC 18 PM 3:57

DOCUMENT #

1. Limited Liability Company's Name
L06000106688

Mike's Delivery Service LLC

CR2E041 (1/14)

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

626 Sky Hawk Dr

Suite, Apt. #, etc.

3. Mailing Office Address

626 Sky Hawk Dr

Suite, Apt. #, etc.

4. State/Country of Formation

City & State

Pensacola FL

City & State

Pensacola FL

Zip

32506

Country

Escambia

Zip

32506

Country

Esambia

5. Date Organized or Qualified
To Do Business in Florida
11/2/2006

6. FEI Number

☐ 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

Michael K Richardson

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

626 Sky Hawk Dr

Suite, Apt. #, Etc.

City

Pensacola

State

FL

Zip Code

32506

400267585204
12/18/14--01009--013 **437.50

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

Date

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGRM	Michael K. Richardson	626 Sky Hawk Dr	Pensacola, FL 32506

REINSTATEMENT 2013/2014

DEC 30 2014
J. HARRIS

11. E-mail Address: **richrose99@gmail.com**

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

Michael K Richardson

Date **12/15/14**

Daytime Phone # **850 501 6606**

Typed or printed name of signing Authorized Representative/Manager