

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 OCT -9 AM 10:35

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # L07000020102

1. Limited Liability Company's Name

Young striping & Sealing LLC

500161540775
10/09/09--01003--010 **138.75
CR2E041 (10/08)

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

1600 Laundry Road

Suite, Apt. #, etc.

3. Mailing Office Address

1600 Laundry Road

Suite, Apt. #, etc.

City & State

Perry FL

City & State

Perry FL

Zip

32348

Country

USA

Zip

32348

Country

USA

4. State/Country of Formation

**5. Date Organized or Qualified
To Do Business in Florida**

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

K. Dale Young

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

1600 Laundry Road

Suite, Apt. #, Etc.

City

Perry

State

FL

Zip Code

32348

☒ 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**

K. Dale Young

REGISTERED AGENT MUST SIGN

Date

10/9/09

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
Mbrm	K-Dale Young	1600 Laundry Road	Perry FL 32348
Mbrm	Cristina N. Young	1600 Laundry Road	Perry FL 32348

REINSTATEMENT 09 AL

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**

Cristina N. Young

Date

10-09-09

Daytime Phone #

850-584-6450

Typed or printed name of signing Managing Member/Manager