

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
2012 FEB 16 PM 1:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L 07000023678

1. Limited Liability Company's Name

LAMONT ENTERPRISES

CR2E041 (1/11)

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

4331 PINE MEADOW LN

Suite, Apt. #, etc.

N/A

3. Mailing Office Address

4331 PINE MEADOW LN

Suite, Apt. #, etc.

N/A

City & State

SARASOTA FL

City & State

SARASOTA FL

Zip

34233

Country

SARASOTA

Zip

34233

Country

SARASOTA

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

03/02/07

6. FEI Number

77-0673203

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

Austin L. Scofield

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

4331 PINE MEADOW LN

Suite, Apt. #, Etc.

N/A

City

SARASOTA

State

FL

Zip Code

34233

E-mail Address:

02/17/12 -- 01001 -- 032 *\$500.00

SCOFIELD@VERIZON.NET

(To be used for future annual report notices)

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

Austin L. Scofield
REGISTERED AGENT MUST SIGN

Date 02/14/12

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	SCOFIELD, AUSTIN LAMONT	4331 PINE MEADOW LANE	SARASOTA, FL 34233

JB

REINSTATEMENT 2009-12

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

Austin L. Scofield

Date 02/14/12

Daytime Phone # 941 228 1008

Typed or printed name of signing Managing Member/Manager

Austin L. Scofield