

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L07000027349

1. Limited Liability Company's Name

Randy Pearce Pool Repair Service LLC

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

88 Guy Strickland Rd

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Crawfordville, FL

City & State

Zip

Country

32327 U.S.A.

Zip

Country

8. Name and Address of Current Registered Agent

Name

Arthur R. Pearce III

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

88 Guy Strickland Rd.

Suite, Apt. #, Etc.

City

Crawfordville

State

FL

Zip Code

32327

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

Arthur R. Pearce III

REGISTERED AGENT MUST SIGN

Date 1-22-2010

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>Arthur R. Pearce III</u>	<u>88 Guy Strickland Rd.</u>	<u>Crawfordville FL 32327</u>

REINSTATEMENT 09-10

OK 1-22-10

11. E-mail Address:

(To be used for future annual report notifications)

12. 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

Arthur R. Pearce III

Date 1-22-2010

Daytime Phone #

850-926-8367

Typed or printed name of signing Managing Member/Manager

FILED

10 JAN 22 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300166959803
01/25/10--01001--005 **277.50

CR2E041 (11/09)

4. State/Country of Formation

Fla. Wakulla.

5. Date Organized or Qualified
To Do Business in Florida

March 13 2007

6. FEI Number

331175425

Applied For

Not Applicable

7.

CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

☒ 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.