

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L07000035211

1. Limited Liability Company's Name

Charles R. Baculik, LLC.

2. Principal Office Address - No P.O. Box #  
3024 E. George St.

Suite, Apt. #, etc.

City & State

Inverness, FL

Zip

34453

Country

USA

3. Mailing Office Address

3024 E. George St.

Suite, Apt. #, etc.

City & State

Inverness, FL

Zip

34453

Country

USA

4. State/Country of Formation  
USA

5. Date Organized or Qualified  
To Do Business in Florida

6. FEI Number

80 0439456

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  
Meagan Baculik

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

3024 E. George St.

Suite, Apt. #, Etc.

City

Inverness

State

FL

Zip Code

34452

E-mail Address:

100220393241  
02/03/12--01020--022 \*\*238.75

kbaculik@embarqmail.com

(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

Meagan Baculik

REGISTERED AGENT MUST SIGN

Date 3-19-12

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
MGR	Charles Baculik	3024 E George St	Inverness, FL 34453
MGM	Meagan Baculik	3024 E George St	Inverness, FL 34453

REINSTATEMENT

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. 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

Charles Baculik

Date 3-19-12

Daytime Phone #

352-634-1070