

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L07000035372

1. Limited Liability Company's Name

Menville SR.Fishing LLC.

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

8141 Tabaid Lane

Suite, Apt. #, etc.

City & State

Pensacola, Florida

Zip

32506-4947

Country

Escambia

3. Mailing Office Address

8141 Tabaid Lane

Suite, Apt. #, etc.

City & State

Pensacola, Fla.

Zip

32506-4947

Country

Escambia

4. State/Country of Formation

Florida / Escambia

5. Date Organized or Qualified

To Do Business in Florida 4/3/2007

6. FEI Number

45-0561464

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

James M. Trosclair Sr

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

8141 Tabaid Lane

Suite, Apt. #, Etc.

Menville 32234 bell south net

City

Pensacola,

State

FL

Zip Code

32506-4947

☐ 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

James M. Trosclair Sr.
REGISTERED AGENT MUST SIGN

Date **2/25/2009**

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	James M. Trosclair Sr.	8141 Tabaid Lane	Pensacola, Fla. 32506-4947

500144617715
04/16/09--01044--028 **238.75

REINSTATEMENT 2008-09 JB

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

James M. Trosclair Sr.

Date **2/25/2009**

Daytime Phone # **850/458-5308 home**

Typed or printed name of signing Managing Member/Manager **James M. Trosclair Sr. /// Menville Sr. 850/712-5917 cell.Phy**