

377.50

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONSSECRETARY OF STATE  
DIVISION OF CORPORATIONS

09 OCT 30 PM 2:12

DOCUMENT # L07000093095

1. Limited Liability Company's Name

Our Town &amp; The Workers Cleanup+Hauling LLC

500162143845  
10/26/09--01019--003 \*\*277.50

REINSTATEMENT

2008-09 844

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

1312 NE 28<sup>th</sup> Ave

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 421

Suite, Apt. #, etc.

City &amp; State

Gainesville, FL

Zip

32609

Country

Alachua

City &amp; State

Gainesville, FL

Zip

32602

Country

Alachua

4. State/Country of Formation

Florida / US

5. Date Organized or Qualified  
To Do Business in Florida

9-11-07

6. FEI Number

None

Apply 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

Lauren Lyons

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

7307 SW 45<sup>th</sup> Place # D

Suite, Apt. #, Etc.

# D

City

Gainesville

State

FL

Zip Code

32607

☒ 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
☒ Henry McDougale

REGISTERED AGENT MUST SIGN

Date 10/22/2009

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
MGR	Henry McDougale	1312 NE 28 <sup>th</sup> Ave	Gainesville, FL 32609
MCRM	Cornelius T McDougale	7307 SW 45 <sup>th</sup> Place # D	Gainesville, FL 32608

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
☒ Henry McDougale

Date 10/22/09

Daytime Phone # 352-284-7381

Typed or printed name of signing Managing Member/Manager

Henry McDougale