

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 NOV 13 PM 4:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L07000110551

1. Limited Liability Company's Name

T. M. HADDYMAN SERVICES LLC

CR2E041 (10/08)

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

57 DIVISION AVE

Suite, Apt. #, etc.

3. Mailing Office Address

57 DIVISION AVE

Suite, Apt. #, etc.

City & State

ORMOND BEACH FL

City & State

ORMOND BEACH FL

Zip

32174

Country

FLORIDA

Zip

32174

Country

FLORIDA

4. State/Country of Formation

FL FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

OCT 2007

6. FEI Number

14-2011331

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

ANTHONY M MASSARO

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

57 DIVISION AVE

Suite, Apt. #, Etc.

City

ORMOND BEACH

State

FL

Zip Code

32174

☐ 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

Anthony M Massaro
REGISTERED AGENT MUST SIGN

Date NOV 4 - 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	ANTHONY M MASSARO	57 DIVISION AVE	ORMOND BEACH FL 32174

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

Anthony M. Massaro

Date

NOV 4 - 2009

Daytime Phone #

386 585 0389

Typed or printed name of signing Managing Member/Manager

ANTHONY M MASSARO