

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

10 JAN 12 PM 12:00

DOCUMENT # LD8000005681

1. Limited Liability Company's Name

ALAN DALE Landclearing

200165215172
01/08/10--01025--004 **377.50

CR2E041 (11/09)

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

4295 31ST. AVE

Suite, Apt. #, etc.

3. Mailing Office Address

4295 31ST. AVE.

Suite, Apt. #, etc.

City & State

Vero Bch, FLA.

City & State

Vero Bch., FLA.

Zip

32967

Country

Indian River

Zip

32967

Country

Indian River

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

1-6-10

6. FEI Number

810678890

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

ALAN DALE Williams

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

4295 31ST. AVE.

Suite, Apt. #, Etc.

City

Vero Bch., FL

State

FL

Zip Code

32967

☒ 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

Alan D. Williams

REGISTERED AGENT MUST SIGN

Date 1-6-10

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.	ALAN DALE WILLIAMS	4295 31ST. AVE.	Vero Bch., FLA. 32967

REINSTATEMENT 201-10 IBM

11. E-mail Address: C.DEBORAH11@yahoo.com

(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

Alan D. Williams

Date 1-6-10

Daytime Phone # 772 633 4880

Typed or printed name of signing Managing Member/Manager ALAN D. WILLIAMS