

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 JAN 31 PM 12:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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01/31/11--01026--010 **377.50

CR2E041 (1/11)

DOCUMENT # L08000013090

1 Limited Liability Company's Name

Neil French, LLC

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

1584 Silverlake Rd

Suite, Apt. #, etc

3. Mailing Office Address

Suite, Apt. #, etc

City & State

Tallahassee, Florida

Zip

32310

Country

USA

City & State

Zip

Country

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

☐ 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

Neil French

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

1584 Silverlake Rd

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32310

E-mail Address:

Neil French 1584a@comcast.net
(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

Neil French

Date 1-31-11

REGISTERED AGENT MUST SIGN

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
<u>MEM</u>	<u>Neil French</u>	<u>1584 Silverlake Rd</u>	<u>Tall., FL 32310</u>

REINSTATEMENT 16-11

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. This 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

Neil French

Date 1-31-11

Daytime Phone # 850-591-8858

Typed or printed name of signing Managing Member/Manager