

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L08000036319

1. Limited Liability Company's Name

Versatile Services of Florida LLC

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

1633 Highbridge Rd
Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 484
Suite, Apt. #, etc.

City & State

Quincy FL

City & State

Quincy, FL

Zip

32351

Country

U.S.

Zip

32353

Country

US

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

6262427172

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

Mikal Keonce

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

145 Ranch Rd.

Suite, Apt. #, Etc

City

Quincy

State

FL

Zip Code

32351

☐ 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

Mikal Keonce

REGISTERED AGENT MUST SIGN

Date 4/30/10

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
MEM	Mikal Keonce	145 Ranch Rd.	Quincy, FL 32351
MEM	Barry Corker	442 Dewey Johnson Way	Gretna, FL 32232

11. E-mail Address: yaboy4@hotmail.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

Mikal Keonce

Date 4/30/10

Daytime Phone # 850-509-4561

Typed or printed name of signing Managing Member/Manager

FILED

2010 MAY - 1 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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