

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

15 DEC 31 AM 11:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L08000036734

1. Limited Liability Company's Name

William J. Ritchie JR. LLC

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

329 55th Avenue

Suite, Apt. #, etc.

City & State

St. Pete Beach FL

Zip

33706

Country

U.S.A.

3. Mailing Office Address

329 55th Avenue

Suite, Apt. #, etc.

City & State

St. Pete Beach FL

Zip

33706

Country

U.S.A.

CR2E041 (1/14)

4. State/Country of Formation

FLORIDA USA

5. Date Organized or Qualified
To Do Business in Florida

4/10/08

6. FEI Number

262325702

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

William J. Ritchie JR.

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

329 55th Avenue

Apt. #, Etc.

City

St. Pete Beach

State

FL

Zip Code

33706

700276669687
01/05/16--01009--004 **138.75

700276669687
09/01/15--01025--011 **238.75

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 8-27-15

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
<u>owner</u> <u>Pres.</u>	<u>William J. Ritchie JR.</u>	<u>329 55th Ave</u>	<u>St. Pete Beach</u> <u>FLORIDA 33706</u>

REINSTATEMENT

2014-2015

DEC 31 2015

11. E-mail Address: billyjimritchie@yahoo.com

(To be used for future annual report notifications)

M. WILLIAMS

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. 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 authorized representative/member

Date 8-27-15

Daytime Phone # 727-542-4443

Typed or printed name of signing authorized representative/member