

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 OCT 20 PM 8:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # LD8000003338

1. Limited Liability Company's Name

JAMES L. RENAUD LLC

WITH ~~OUT~~ REINSTATEMENT

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

3098 old Soldier rd

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Lakeland FLA

City & State

Lakeland FLA

Zip

33810

Country

US

Zip

33810

Country

US

4. State/Country of Formation

FLA

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

N/A

☐ 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

JAMES RENAUD

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

3098 old Soldier rd

Suite, Apt. #, Etc.

City

Lakeland

State

FL

Zip Code

33810

600212604546
10/17/11--01024--001 **277.50

600212604546
09/27/11--01024--006 **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 608, F.S.

Signature of
Registered Agent

JAMES L. RENAUD
REGISTERED AGENT MUST SIGN

Date

9-19-11

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>MGRM</u>	<u>JAMES L. RENAUD</u>	<u>3098 old Soldier rd</u> <u>Lakeland FLA 33810</u>	<u>Lakeland</u> <u>FLA 33810</u>

L. SELLERS

OCT 21 2011

EXAMINER

11. E-mail Address:

(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

JAMES L. RENAUD

Date

10-13-11

Daytime Phone #

863-370-3102

Typed or printed name of signing Managing Member/Manager