

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

13 JUN 19 PM 4:58

SECRETARY OF STATE
TALLAHASSEE FLORIDA

300249059003
06/20/13--01002--014 **\$16.25

CR2E041 (1/11)

DOCUMENT # 608-104658

1. Limited Liability Company's Name

Innovative Drywell LLC

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

3. Mailing Office Address

5012 Vernon Rd

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

Tallahassee Florida

City & State

Zip
32317

Country
USA

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

11.10.08

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 David T. Harrison

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

5012 Vernon Rd.

Suite, Apt. #, Etc

City
Tallahassee

State
FL

Zip Code
32317

E-mail Address:

REINSTATEMENT

(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

David Harrison

Date

6/19/13

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
	MGR/M David Harrison	5012 Vernon Rd.	Tallahassee FL, 32317

JUN 19 2013

S. PRATHER

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. 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 Managing
Member/Manager

David Prather

Date

6/19/13

Daytime Phone #

(850)445-2603

Typed or printed name of signing Managing Member/Manager