

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L09000008959

1. Limited Liability Company's Name

MADDOX & MADDOX, Insurance and
Financial Services LLC

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

637 Pinellas Bayway

Suite, Apt. #, etc.

Unit 202

City & State

TiERRA VERDE, FL.

Zip

33715

Country

Pinellas

3. Mailing Office Address

637 Pinellas Bayway

Suite, Apt. #, etc.

Unit 202

City & State

TiERRA VERDE FL

Zip

33715

Country

Pinellas

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

MARY MADDOX - PENDARVIS

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

637 Pinellas Bayway

Suite, Apt. #, Etc.

Unit 202

City

TiERRA VERDE

State

FL

Zip Code

33715

E-mail Address:

PENDARVIS1@gmail.com

~~XXXXXXXXXX~~

(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

Mary Elizabeth Maddox - Pendavis Date Aug 2, 2012

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
MGRM	MARY ELIZABETH MADDOX - PENDARVIS	637 Pinellas Bayway	TiERRA VERDE FL
SEC	STEPHEN PENDARVIS	637 Pinellas Bayway	33715
			TiERRA VERDE, FL
			33715

REINSTATEMENT
2011-12

SAULSBERRY
EXAMINER

AUG 9 2012

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

Mary Elizabeth Maddox - Pendavis Date 8/2/2012

Daytime Phone # 941-713-0433