

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY,
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2012 DEC 11 AM 8:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L09000014767**

1. Limited Liability Company's Name

A TO Z CONTRACTING LLC

CR2E041 (1/11)

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

135 Alameda Drive

Suite, Apt. #, etc.

3. Mailing Office Address

135 Alameda Drive

Suite, Apt. #, etc.

4. State/Country of Formation

Florida/ USA

5. Date Organized or Qualified
To Do Business in Florida

2/13/2009

City & State

Merritt Island

City & State

Merritt Island

Zip

32952

Country

USA

Zip

32952

Country

USA

6. FEI Number

26-4270753

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

Marina Fischer

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

135 Alameda Drive

Suite, Apt. #, Etc.

City

Merritt Island

State

FL

Zip Code

32952

E-mail Address:

info@agenthardwoods.com

(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

Marina Fischer

Date **11/30/2012**

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
MGR	Marina Fischer	135 Alameda Drive	Merritt Island, FL 32952

12/30/12-01012-001 **382.50
12/07/12--01012--006 **382.50

**REINSTATEMENT
2011-2012**

500242528145

**J. SAULSBERRY
EXAMINER**

12 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

Marina Fischer

Date **11/30/2012**

Daytime Phone # **(321) 751-4235**

Typed or printed name of signing Managing Member/Manager

MARINA FISCHER