

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L09000037230

1. Limited Liability Company's Name

Scott L Flamme, LLC.

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
11 MAY 16 AM 8:02

CR2E041 (1/11)

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

7715 Citronella Court

Suite, Apt. #, etc.

3. Mailing Office Address

Same as Principal

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Zip

33625

Country

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

04/17/09

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

Scott L Flamme

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

7715 Citronella Court

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33625

E-mail Address:

300207735343
05/17/11--01001--001 **377.50

(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

REGISTERED AGENT MUST SIGN

Date

5-5-11

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
mgrm	Scott L Flamme	7715 Citronella Court	Tampa, Florida 33625

REINSTATEMENT 2010-2011

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

Date

5-5-11

Daytime Phone

239 210 1543

Typed or printed name of signing Managing Member/Manager **Scott L Flamme**