

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L09000075365

1. Limited Liability Company's Name

A AND W NOTARY SERVICES, LLC

000188037830

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box # 2081 SOUTHFIELD DR.		3. Mailing Office Address 2081 SOUTHFIELD DR.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State THE VILLAGES		City & State THE VILLAGES	
Zip 32162	Country	Zip 32162	Country

4. State/Country of Formation FL/ USA	
5. Date Organized or Qualified To Do Business in Florida 08-05-2009	
6. FEI Number	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name CORPORATION SERVICE COMPANY		
Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET		
Suite, Apt. #, Etc.		
City TALLAHASSEE	State FL	Zip Code 32301

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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 Samuel W. Jones, Assistant VP
REGISTERED AGENT MUST SIGN

Date 11/22/10

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
Member	Alice L. Hulburt	2081 Southfield Dr.	The Villages, FL 32162

REINSTATEMENT

2010

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11. E-mail Address awnotaryservices@embargo.com

(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 Alice L. Hulburt

Date 11/16/10

Daytime Phone # (352) 461-9466

Typed or printed name of signing Managing Member/Manager MEMBER



CORPORATION SERVICE COMPANY

L09000075365

ACCOUNT NO. : I20000000195

REFERENCE : 585549 7719657

AUTHORIZATION

COST LIMIT : \$ 238.75

ORDER DATE : November 22, 2010

ORDER TIME : 3:37 PM

ORDER NO. : 585549-005

CUSTOMER NO: 7719657

DOMESTIC FILINGS

NAME: A AND W NOTARY SERVICES, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Kimberly Moret - Ext# 2949

EXAMINER'S INITIALS

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RECEIVED
10 NOV 22 PM 4:13
BUREAU OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 NOV 22 AM 9:59