

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L09000088457

1. Limited Liability Company's Name

Ralph's airconditioning llc
airconditioning LLC

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

5500 sw 87 plc

Suite, Apt. #, etc.

City & State

ocala florida

Zip

34476

Country

marion

3. Mailing Office Address

5500 sw 87 plc

Suite, Apt. #, etc.

City & State

ocala florida

Zip

34476

Country

USA
marion

8. Name and Address of Current Registered Agent

Name

Raphael Watson

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

5500 sw 87 plc

Apt. #, Etc.

City

ocala

State

FL

Zip Code

34476

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of

Registered Agent

Raphael Watson

REGISTERED AGENT MUST SIGN

Date 9/18/2015

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
mgr	raphael watson	5500 sw 87plc	ocala fl 34476

11. E-mail Address: raphaelwatson@cox.net

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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 authorized representative/member

Raphael Watson

Date 9/18/2015

Daytime Phone #

352 274 8487

Typed or printed name of signing authorized representative/member

K. ASHTON

FILED

15 SEP 23 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/14)

4. State/Country of Formation

usa

5. Date Organized or Qualified
To Do Business in Florida

2009 11/15/2009

6. FEI Number 32 029 0576

Applied For

☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a certificate of status

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