

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L10000121197**

1. Limited Liability Company's Name

J. Clancey Bounds, P.L.

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

3812 Lake Sarah Drive

Suite, Apt. #, etc.

3. Mailing Office Address

3812 Lake Sarah Drive

Suite, Apt. #, etc.

City & State

Orlando, Florida

City & State

Orlando, Florida

Zip

32804

Country

USA

Zip

32804

Country

USA

8. Name and Address of Current Registered Agent

Name

J. Clancey Bounds

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

3812 Lake Sarah Drive

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32804

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified

To Do Business in Florida **11/22/2010**

6. FEI Number

27-4025985

☐ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

**\$5.00 Additional Fee required
for a Certificate of Status**

E-mail Address:

clancey@boundslawgroup.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

Date

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	J. Clancey Bounds	3812 Lake Sarah Drive	Orlando, FL 32804

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 **1/5/2012**

Daytime Phone #

407.644.5151 x318

Typed or printed name of signing Managing Member/Manager **J. Clancey Bounds**

FILED

2012 JAN 20 10 10 AM

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400217596224
01/10/12--01009--006 **238.75

CR2E041 (1/11)

REINSTATEMENT

400217596224
01/23/12--01005--004 **138.75

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