

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2011 NOV -7 AM 9:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L10000122977

1. Limited Liability Company's Name

API, Inspection, LLC

CR2E041 (1/11)

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

4051 Barrancas, #G114

Suite, Apt. #, etc.

G114

City & State

Pensacola FL

Zip

32507

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

11-30-2010

6. FEI Number

27-4087657

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

Jeffrey Barksdale

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

4051 Barrancas

Suite, Apt. #, Etc.

G114

City

Pensacola

State

FL

Zip Code

32507

E-mail Address:

600214062306
11/07/11-01056--007 **238.75

seniorbarksdale@gmail.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 Tracy M. Barksdale

Date 11-2-2011

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
<u>MEM</u>	<u>Tracy Barksdale</u>	<u>4051 Barrancas, G114</u>	<u>Pensacola, FL 32507</u>
<u>MEM</u>	<u>Jeffrey Barksdale</u>	<u>4051 Barrancas, G114</u>	<u>Pensacola, FL 32507</u>

**REINSTATEMENT
2011**

J. SAULSBERRY
EXAMINER

NOV 15 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 Tracy M. Barksdale

Date 11-2-11

Daytime Phone # 970-215-5170

Typed or printed name of signing Managing Member/Manager TRACY M. BARKSDALE