

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L11000019998

1. Limited Liability Company's Name

BUSH ENTERPRISES, LLC

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

4886 Spencer Oaks Blvd

Suite, Apt. #, etc.

City & State

Pace, FL

Zip

32571

Country

3. Mailing Office Address

P.O. Box 3888

Suite, Apt. #, etc.

City & State

Milton, FL

Zip

32572

Country

8. Name and Address of Current Registered Agent

Name

Eric V. Bush

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

4886 Spencer Oaks Blvd

Apt. # Etc.

City

Pace

State

FL

Zip Code

32571

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

REGISTERED AGENT MUST SIGN

Date **August 19, 2019**

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

11. E-mail Address **be06@att.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

Date **August 19, 2019**

Daytime Phone # **(850)512-3278**

Typed or printed name of signing authorized representative/member **Eric V. Bush**

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08/29/19--01017--005 **1071.25

CR2E041 (1/14)

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

15 February 2011

6. FEI Number

20-4278889

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a certificate of status

FILED
2019 AUG 23 PM 1:41
TALLAHASSEE, FL
SECRETARY OF STATE

SEP 05 2019

G. Kinney