

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

14 MAR 27 AM 9:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

L110000038066

1. Limited Liability Company's Name

DRISKELL ENTERPRISES, LLC

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

1605 GREENWOOD ROAD

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

LAKELAND, FL.

City & State

Zip

33805

Country

Zip

Country

4. State/Country of Formation

FLORIDA/UNITED STATES

5. Date Organized or Qualified  
To Do Business in Florida

03/30/2011

6. FEI Number

800702593

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

JAMES DRISKELL, JR.

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

1605 GREENWOOD ROAD

Suite, Apt. #, Etc.

City

LAKELAND

State

FL

Zip Code

33805

500258328875  
03/27/14--01014--009 \*\*382.50

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

*James Driskell, Jr.*  
REGISTERED AGENT MUST SIGN

Date

3/25/2014

**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
MGRM	JAMES DRISKELL, JR.	1605 GREENWOOD ROAD	LAKELAND, FL 33805
MGRM	JOEL DRISKELL	5610 LAKE LUTHER ROAD	LAKELAND, FL. 33805
MGR	ALTHEA S DRISKELL	1605 GREENWOOD ROAD	LAKELAND, FL. 33805
MGR	TERRY E DRISKELL	5610 LAKE LUTHER ROAD	LAKELAND, FL 33805

11. E-mail Address: DRISK1605@YAHOO.COM

(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 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 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

*James Driskell, Jr.*

Date 03/25/2014

Daytime Phone # 863 688 6011

Typed or printed name of signing Authorized Representative/Manager