

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

14 AUG -1 PM 6:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L12000107441

1. Limited Liability Company's Name
FS INDUSTRIES LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #
4075 43RD AVENUE WEST

3. Mailing Office Address

Suite, Apt. #, etc.
#20

Suite, Apt. #, etc.

City & State
BRADENTON FLORIDA

City & State

Zip Country
34205 USA

Zip Country

4. State/Country of Formation
FLORIDA USA

5. Date Organized or Qualified
To Do Business in Florida
08/24/2012

6. FEI Number
46-0851003

☐ 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
DOUGLAS PHELAN

Street Address (P.O. Box Number is Not Acceptable)
4075 43RD AVENUE WEST

Suite, Apt. #, Etc.
#20

City State Zip Code
BRADENTON FL 34205

100260510691
05/22/14--01002--004 **238.75

100260510691
08/01/14--01009--015 **138.75

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **4-4-2014**

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
PRESIDENT	DOUGLAS PHELAN	4075 43RD AVENUE WEST #20	BRADENTON FL 34205
	AUG - 4 2014		
	L. SELLERS		

REINSTATEMENT 13-14

11. E-mail Address: **DVP451@GMAIL.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

[Signature]

Date

4-4-2014

Daytime Phone

(941) 524-6381

Typed or printed name of signing Authorized Representative/Manager

Douglas Phelan