

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

14 MAY -1 PM 3:10

DOCUMENT # L12000110319

1. Limited Liability Company's Name

Plumb Crazy Services LC

100259760351
05/01/14--01031--004 **138.75

CR2E041 (1/14)

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

12965 Indian Rocks Rd.

Suite, Apt. #, etc.

3. Mailing Office Address

12965 Indian Rocks Rd.

Suite, Apt. #, etc.

4. State/Country of Formation

FL. Pinellas

5. Date Organized or Qualified
To Do Business in Florida

7.23.2012

6. FEI Number

49-2947194

☒ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

City & State

Largo FL

City & State

Largo FL

Zip

33774

Country

Pinellas

Zip

33774

Country

Pinellas

8. Name and Address of Current Registered Agent

Name

Jeff Jones

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

12965 Indian Rocks Rd.

Suite, Apt. #, Etc.

City

Largo.

State

FL

Zip Code

33774

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

2/26/14

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
AR	Patricia Jones	12965 Indian Rocks Rd	Largo FL 33774

11. E-mail Address:

jones1031@yahoo.com

plumbcrazyservices@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 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 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

Date 2.25.14

Daytime Phone # 727-595-6159

Typed or printed name of signing Authorized Representative/Manager

Patricia A Jones

RG 5/5/14