

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**

2013 - 2014



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

14 JUN 10 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name

~~L12000144650~~ BARB R. WAGNER'S SERVEND L.L.C.
L12000144650

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #
7 GRACE ST.

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State
TITUSVILLE FL.32780

Zip
32780

Country
UNITED STATES OF AMERICA

City & State

SAME

Zip

SAME

Country

SAME

4. State/Country of Formation *BRU*
FLORIDA UNITED STATES OF AMERICA

5. Date Organized or Qualified
To Do Business in Florida
6-1-1986

1986

6. FEI Number
46-1652654

☐ 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

BARB R. WAGNER

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

7 GRACE ST.

Suite, Apt. #, Etc.

City
TITUSVILLE

State
FL

Zip Code
32780

200261111932
06/10/14--01019--028 **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

Barb R. Wagner

REGISTERED AGENT MUST SIGN

Date

6/5/14

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
MEM. MANG.	BARB R. WAGNER	7 GRACE ST.	TITUSVILLE FLA.

11. E-mail Address:

N/A

(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

Barb R. Wagner

Date *6/5/2014*

Daytime Phone # 3212678955

Typed or printed name of signing Authorized Representative/Manager BARB R. WAGNER

K. ASHTON