

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

16 SEP 21 AM 3:48

DOCUMENT # **L13000008355**

1. Limited Liability Company's Name

966 REED CANAL LLC

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

968 REED CANAL

Suite, Apt. #, etc.

City & State

SOUTH DAYTONA - FL

Zip

32119

Country

FLORIDA

3. Mailing Office Address

968 REED CANAL

Suite, Apt. #, etc.

City & State

SOUTH DAYTONA - FL

Zip

32119

Country

FLORIDA

CR2E041 (1/14)

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified To Do Business in Florida

01/16/2013

6. FEI Number

46-1798324

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

KEVIN HANNAH

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

5435 WARD LAKE DR

Apt. #, Etc.

City

PORT ORANGE

State

FL

Zip Code

32128

200288973692
08/10/16--01024--022 **238.75

200288973692
09/22/16--01021--010 **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

REGISTERED AGENT MUST SIGN

Date **8/1/16**

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
OWNER	KEVIN HANNAH	5435 WARD LAKE DR	PORT ORANGE FL 32128

REINSTATEMENT

2015 - 2016

11. E-mail Address: **KEVINHPUB44@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 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 **8/1/16**

Daytime Phone # **386-795-2099**

Typed or printed name of signing authorized representative/member