


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

16 APR -5 AM 8:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | |
|--|---|--|
| LIMITED LIABILITY COMPANY REINSTATEMENT 2014-2016 |  | FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS |
| | | |

DOCUMENT # L13000061663 LIS000061663

1. Limited Liability Company's Name
LaMonica Repairs, LLC

| | | | |
|---|----------------|---|----------------|
| 2. Principal Office Address - No P.O. Box # 527 Lazy Lake Dr W | | 3. Mailing Office Address 527 Lazy Lake Dr W | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State Lakeland, FL | | City & State Lakeland, FL | |
| Zip 33801 | Country USA | Zip 33801 | Country USA |

CR2E041 (1/14)

| | |
|---|--|
| 4. State/Country of Formation FL | |
| 5. Date Organized or Qualified To Do Business in Florida 2007 | |
| 6. FEI Number 46-2638726 | <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable |
| 7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a certificate of status | |

| | | | |
|---|-------------|-------------------|--|
| 8. Name and Address of Current Registered Agent | | | |
| Name Lenoard J LaMonica | | | |
| Street Address (P.O. Box Number is Not Acceptable) Suite, 527 Lazy Lake Dr W | | | |
| Apt. #, Etc. | | | |
| City Lakeland | State FL | Zip Code 33801 | |

200283817112
04/07/16--01028--016 **140.25

200283817112
03/25/16--01035--017 **376.00

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

Lenoard J LaMonica

REGISTERED AGENT MUST SIGN

Date

3/19/16

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 |
|--------|---|--|--------------------|
| MGR | Lenoard LaMonica | 527 Lazy Lake Dr W | Lakeland, FL 33801 |
| | | | |
| | | | |
| | | | |
| | | | |

200283817112
04/07/16--01028--016 **8.75

11. E-mail Address:

(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

Lenoard J LaMonica

Date

3/19/16

Daytime Phone #

8633981435

Typed or printed name of signing authorized representative/member