

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

15 MAR 27 PM 4:35

SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # L13000071856

1. Limited Liability Company's Name

WILLARD SHAY AND ASSOCIATES, LLC

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

5366 16th St.

Suite, Apt. #, etc.

3. Mailing Office Address

5366 16th St.

Suite, Apt. #, etc.

City & State

Vero Beach, FL

City & State

Vero Beach, FL

Zip

32966

Country

Zip

32966

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

05/16/2013

6. FEI Number
46-3061223

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

CR2E041 (1/14)

8. Name and Address of Current Registered Agent

Name

Corporation Service Company

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

1201 HAYS STREET

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32301

500271169745

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

Courtney Williams

Asst. Vice President

Date **03.27.15**

REGISTERED AGENT SIGNATURE

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
AMBR	Willard Shay	5366 16th St.	Vero Beach, FL 32966
REINSTATEMENT			
MAR 27 2015			
R. HUNT			

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 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

Date

3-23-15

Daytime Phone #

772-473-7587

Typed or printed name of signing Authorized Representative/Manager **Willard Shay**

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 553515 7939348

AUTHORIZATION :

COST LIMIT : \$ 877.50

ORDER DATE : March 18, 2015

ORDER TIME : 3:47 PM

ORDER NO. : 553515-010

CUSTOMER NO: 7939348

DOMESTIC FILINGS

NAME: WILLARD SHAY AND ASSOCIATES,
LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - Ext# 62935

EXAMINER'S INITIALS

MAR 27 2015

R. HUNT

TO ACKNOWLEDGE
SUFFICIENCY OF FILING

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DEPARTMENT OF STATE
CORPORATION DIVISION

RECEIVED