

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

16 FEB 17 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L13000096038**

1. Limited Liability Company's Name

Minnie Bowdish Trust LLC

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

1022 E AVENUE ST

Suite, Apt. #, etc.

NA

3. Mailing Office Address

4366 CARRIAGE CROSSING DR, CR2E041 (1/14)

Suite, Apt. #, etc.

NA

City & State

JACK FL

City & State

JACK FL

Zip

32209

Country

DUVAL

Zip

32258

Country

DUVAL

4. State/Country of Formation

DUVAL FL

5. Date Organized or Qualified
To Do Business in Florida

7/5/2013

6. FEI Number

NA

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

Richard Hughes

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

4366 CARRIAGE CROSSING DR.

Apt #, Etc

City

JACK

State

FL

Zip Code

32258

000281584590
01/29/16--01031--024 **238.75

000281584590
02/17/16--01028--015 **277.50

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

Richard D. Hughes

REGISTERED AGENT MUST SIGN

Date **1-22-16**

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	Richard Hughes	4366 CARRIAGE CROSSING DR.	JACK FL 32258

11. E-mail Address

A jobstar16@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

Richard D. Hughes

Date

1-22-16

Daytime Phone #

904-402-0689

Typed or printed name of signing authorized representative/member

Richard Hughes