

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

16 JAN 14 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L14000009827

1. Limited Liability Company's Name

Blevins Mobile Home Llc

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

1736 MAGNOLIA DR

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

N. FT. MYERS FLA.

City & State

Zip

33917

Country

Lee

Zip

Country

CR2E041 (1/14)

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

☒ 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

DAVID BLEVINS

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

1736 MAGNOLIA DR

Apt. #, Etc.

City

N FT MYERS FL 33917

State

FL

Zip Code

33917

300280484833
01/14/15--01028--001 **138.75

300280484833
12/30/15--01004--009 **243.38

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

David Blevins

Date 12-28-15

REGISTERED AGENT MUST SIGN

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
<u>MGR</u>	<u>DAVID BLEVINS</u>	<u>1736 MAGNOLIA DR</u>	<u>N FT MYERS FL</u>
	<u>DAVID BLEVINS</u>	<u>" " "</u>	<u>" " " "</u>
	<u>DAVID BLEVINS</u>	<u>" " "</u>	<u>" " " "</u>
	<u>DAVID BLEVINS</u>	<u>" " "</u>	<u>" " " "</u>
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	<u>DAVID BLEVINS</u>	<u>" " "</u>	<u>" " " "</u>
	<u>DAVID BLEVINS</u>	<u>" " "</u>	<u>" " " "</u>

11. E-mail Address:

Soul Over No one else David Blevins is everything

(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

David Blevins

Date

12-28-15

Daytime Phone #

239 333 8959

Typed or printed name of signing authorized representative/member