

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

16 AUG -9 AM 8:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

900288926789  
08/09/16--01016--004 \*\*1706.25

CR2E041 (1/14)

DOCUMENT # L14000024638

1. Limited Liability Company's Name

Fire Lane 24, LLC

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

10 South Lake Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

10 South Lake Ave

Suite, Apt. #, etc.

City & State

Lake Butler, FL

City & State

Lake Butler, FL

Zip

32054

Country

Union

Zip

32054

Country

Union

4. State/Country of Formation

FL/Union

5. Date Organized or Qualified  
To Do Business in Florida

2-12-2014

6. FEI Number

46-4806864

☒ 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

William S. Wilson

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

10 South Lake Ave.

Apt. #, Etc.

City

Lake Butler

State

FL

Zip Code

32054

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 8/8/16

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
<u>MGR</u>	<u>William S. Wilson</u>	<u>10 South Lake Ave</u>	<u>Lake Butler, FL 32054</u>

11. E-mail Address:

bill.wilson@msotechinc.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

8/8/16

Daytime Phone #

386-496-4100

Typed or printed name of signing authorized representative/member