

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L1400087797

1. Limited Liability Company's Name

Terry Swain Repair Services, LLC

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

4202 Florence Ave

Suite, Apt. #, etc

City & State

Talla Fla

Zip

32305

Country

US

3. Mailing Office Address

4202 Florence Ave

Suite, Apt. #, etc.

Talla Fla

City & State

Zip

32305

Country

US

4. State/Country of Formation

FL US

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

CR2E041 (12/13)

FILED

16 JUL 21 AM 8:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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07/21/16--01005--019 **377.50

8. Name and Address of Current Registered Agent

Name

Terry Swain

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

4202 Florence Ave

Suite, Apt. #, Etc.

Talla Fla

City

Talla

State

FL

Zip Code

32305

E-mail Address:

(To be used for future annual report notices)

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

Terry Swain

Date 7-21-16

REGISTERED AGENT MUST SIGN

10. Names and Addresses of Each Person Authorized to manage the Limited Liability Company

Titles AMBR/MGR	Name of Authorized Person	Street Address of Each Authorized Person	City / State / Zip
AMBR	Terry Swain	4202 Florence Ave	Talla Fla 32305

11. I certify that I am an authorized person 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 requirements of Chapter 605, 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 Person

Terry Swain

Date 7-21-16

Daytime Phone #

Typed or printed name of signing Authorized Person

K. ASHTON