

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILING CANCELLED
RETURNED CHECK

DOCUMENT # **L14000112409**

1. Limited Liability Company's Name

Another Miracle Lock & Key Service LLC

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

549 Collinsford Rd

Suite, Apt. #, etc.

3. Mailing Office Address

549 Collinsford Rd

Suite, Apt. #, etc.

City & State

Tallahassee FL

Zip

32301

Country

Leon

City & State

Tallahassee FL

Zip

32301

Country

Leon

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 **Ross, Fernander Jr**

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

549 Collinsford Road

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

E-mail Address:

fernanderross@gmail.com

(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

Fernander Ross Jr

Date

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
MGR	Ross, Angela M	549 Collinsford	Tallahassee, FL 32301

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 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

Fernander Ross Jr

Date

Daytime Phone #

880-980-0738

Typed or printed name of signing Authorized Person

Fernander Ross Jr

FILED
2017 MAR 20 A 11:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA