

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L17000248118

1. Limited Liability Company's Name

~~200200~~ A+ Quality moving L.L.C

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

~~200200~~ 230 N. Halifax Ave

Suite, Apt. #, etc.

#4

City & State

Daytona Beach, FL

Zip

32118

Country

U.S.A

3. Mailing Office Address

230 N. Halifax Ave

Suite, Apt. #, etc.

#4

City & State

Daytona Beach, FL

Zip

32118

Country

U.S.A

8. Name and Address of Current Registered Agent

Name

Ashley M Gilbert

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

230 N. Halifax Ave

Apt. #, Etc.

#4

City

Daytona Beach

State

FL

Zip Code

32118

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

Ashley M Gilbert  
REGISTERED AGENT MUST SIGN

Date 3/24/2020

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>AR</u> <u>VP</u>	<u>Robert Balasa</u>	<u>230 N. Halifax Ave #4</u>	<u>Daytona Beach, FL 32118</u>

APR 28 2020

I AL BRITTON

**REINSTATEMENT**

2018-2020

11. E-mail Address: Teamcashrock@gmail.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

Robert M Balasa

Date

3/24/2020

Daytime Phone

386-666-2753

Typed or printed name of signing authorized representative/member

Robert M Balasa

FILED  
2020 APR 23 PM 1:27

700342793347  
03/30/20--01028--029 \*\*377.50

700342793347  
04/28/20--01018--008 \*\*138.75

CR2E041 (1/14)

4. State/Country of Formation

Florida, U.S.A

5. Date Organized or Qualified To Do Business in Florida

12/04/17

6. FEI Number

823558045

Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED

☒ \$5.00 Additional Fee required for a certificate of status

Old address was

2983 Terrace Ave  
Naples, FL 34104