

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

L22000480193

1. Limited Liability Company's Name

All American Prep & Fulfillment LLC

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

4050 Middle Ave.

Suite, Apt. #, etc.

City & State

Sarasota, FL

Zip

34234

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

8. Name and Address of Current Registered Agent

Name

Rich Medford

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

4050 Middle Ave

Apt. #, Etc.

City

Sarasota

State

FL

Zip Code

34234

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

12/5/24

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
MGR	Dave Skinner	4050 middle Ave	Sarasota, FL 34234
MGR	Rich Medford	4050 middle Ave	Sarasota, FL 34234

NOV 10 2024

M. WILLIAMS

11. E-mail Address:

rich @ All American Prep. 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

12/5/24

Daytime Phone #

941-253-6673

Typed or printed name of signing authorized representative/member

Rich Medford

2024 DEC 10 PM 4:15

STATE

400440884134

12/10/24-01030-009 **125.00

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

REINSTATEMENT
2024