

L 960000000 562

APPLICATION FOR
REINSTATEMENT FOR
LIMITED LIABILITY COMPANY



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 OCT 29 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company **DOCUMENT # L96000000562**

DIXON/RUSSELL, L.C.
11 E. SILVER SPRINGS BLVD
OCALA, FL. 34471

1a. Principal Place of Business Address
11. E. SILVER SPRINGS
BLVD
OCALA FL. 34471

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business
AS ABOVE
Suite, Apt. #, etc.
City & State
Zip Country

2a. Mailing Address
AS ABOVE
Suite, Apt. #, etc.
City & State
Zip Country

3. Date Organized or Qualified
5-9-96
4. FEI Number
59-3454932
5. Date of Last Report
NONE

3a. State of Formation
FLORIDA
☐ Applied For
☐ Not Applicable
6. Certificate of Status Desired
\$8.75 Additional Fee Required ☒

7. Name and Address of Current Registered Agent
DIXON/RUSSELL L.C.
C/O MR SCOTT KRUEGER
GAINESVILLE, FL. 32605
P.O. BOX 7099

8. Name and Address of New Registered Agent
Name
GABRIEL DIXON
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc.
11. E. SILVER SPRINGS BLVD
City
OCALA Zip Code
FL 34471

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent *Sehnil Dixon* Date **10-27-97**
REG-FILED AGENT MUST SIGN

10. Title	Managing Members/Managers	Business Street Address	City, State & Zip Code
GENERAL MGR	GABRIEL DIXON	11. E. SILVER SPRINGS BLVD	OCALA, FL 34471
MEMBER	MARY RUSSELL	"	"
MEMBER	BRIAN RUSSELL	"	"
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11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, 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 section 608.406, 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.

Signature of Managing Member/Manager *Sehnil Dixon* Date **10-27-97** 352 Daytime Phone # **843 1271**

Typed or printed name of signing Managing Member/Manager

Dixon/Russell, L.C.
Gabriel Dixon - General Partner
11 E. Silver Springs Blvd'
Ocala, FL. 34471

10/27/97
PH:352 843 1271

Document # L96000000562

Florida Department Of State
Sandra B. Mortham
Division of Corporations

Dear Sir or Madam

Dixon/Russell L.C. did not do any bulnness In 1996 a report was
subsuquently not filed with your office, however we have since started
doing bulnness In August of 1997. If you need additional
Information, please contact me.

Sincerly

A handwritten signature in black ink, appearing to read 'Gabriel Dixon', with a long horizontal flourish extending to the right.

Gabriel Dixon
General Partner

Enclosures

ReInstatement Application