

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 OCT 18 PM 11:02

DOCUMENT # L98000002663

1. Limited Liability Company's Name

MARVIN WILLIAMS FAMILY, LLC.

2. Principal Office Address

MARVIN WILLIAMS

Suite, Apt. #, etc. FAMILY LLC.

12920 WILLIAMS RD.

City & State

MOORE HAVEN, FL.

Zip

33471

USA

3. Mailing Office Address

MARVIN WILLIAMS

Suite, Apt. #, etc. FAMILY LLC.

12920 WILLIAMS RD.

City & State

MOORE HAVEN, FL.

Zip

33471

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

11-12-1998

6. FEI Number

65-0897794

☒ 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

SAME

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

Marvin Williams

Date

10-13-00

REGISTERED AGENT MUST SIGN

**10. Names and Street Addresses of Managing Members/Managers**

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/ Manager	City / State / Zip
MGR	WILLIAMS MARVIN	12920 WILLIAMS RD.	MOORE HAVEN, FL. 33471

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\*\*\*\*150.00 \*\*\*\*150.00

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

Marvin Williams

Daytime Phone #

10-13-00

Typed or printed name of signing Managing Member/Manager