

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 MAR 16 PM 4:40

BK

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03/17/10--01001--006 **377.50

CR2E041 (11/09)

DOCUMENT # L98000003515

1. Limited Liability Company's Name
Ventry Engineering, LLC

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

300 Camellia Drive

Suite, Apt. #, etc.

City & State

Quincy, Florida

Zip

32351

Country

USA

3. Mailing Office Address

300 Camellia Drive

Suite, Apt. #, etc.

City & State

Quincy, Florida

Zip

32351

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

12/31/1998

6. FEI Number

59-3550271

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

Van P. Geeker c/o Igler & Dougherty, P.A.

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

1501 Park Avenue, East

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

BK

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

Van P. Geeker

REGISTERED AGENT MUST SIGN

Date 3/16/10

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 |
|--------|--------------------------------------|---------------------------------------------------|-----------------------|
| MGRM | Linda C. Ventry | 300 Camellia Drive | Quincy, Florida 32351 |
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REINSTATEMENT 2008-2010

11. E-mail Address: ventryengineering@netzero.com

(To be used for future annual report notifications)

12. 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

Linda C. Ventry

Date

2-12-10

Daytime Phone #

850-

627.7968

Typed or printed name of signing Managing Member/Manager Linda C. Ventry