

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR
REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 30 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L99000000550

Name and Mailing Address

0006596 01 FP 0.352 **PRSRT TO C 0615 33802-080707

FLORALA, LLC

P.O. BOX 807

LAKELAND FL 33802-0807

600008713546

10/30/02--01131--005 **150.00



2. New Mailing Address

City, State, Zip

Principal Place of Business

720 KRAFT ROAD
LAKELAND FL 33815

3. New Principal Place of Business Address

City, State, Zip

5. Date Organized or Qualified
To Do Business in Florida

12/31/1998

6. FEI Number

59-3564326

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

HARRELL, JACK SR.
720 KRAFT ROAD
LAKELAND FL 33815

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

10. 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

REGISTERED AGENT MUST SIGN

Date 10/23/02

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	HARRELL, JACK R SR.	720 KRAFT ROAD	LAKELAND FL 33815
MGR	HARRELL, JACK R JR.	720 KRAFT ROAD	LAKELAND FL 33815
MGR	MATTHEW D. S HOOK	720 KRAFT ROAD	LAKELAND FL 33815
MGR	PURSELL, JAMES T	720 KRAFT ROAD	LAKELAND FL 33815
MGR	PURSELL, DAVID H	720 KRAFT ROAD	LAKELAND FL 33815
MGR	CLEGHORN, ARNOLD	720 KRAFT ROAD	LAKELAND FL 33815

TB

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

Date

Daytime Phone #

(863) 687-7774

Typed or printed name of signing Managing Member/Manager

Jack Harrell Sr