

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



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

REINSTATEMENT
FILED

2001

OCT 24 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name

LAN TEC Services LLC

LA9-1434

2. Principal Office Address

300 Sheeah Blvd

Suite, Apt. #, etc.

301

City & State

Winter Springs, FL

Zip Country

32708

Seminole

3. Mailing Office Address

300 Sheeah Blvd

Suite, Apt. #, etc.

301

City & State

Winter Springs, FL

Zip Country

32708

Seminole

4. State/Country of Formation

FL/Seminole

5. Date Organized or Qualified
To Do Business in Florida

9/21/2000

6. FEI Number

59-3569484

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$3.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Ronald Lansing

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

300 Sheeah Blvd.

Suite, Apt. #, Etc.

301

City

Winter Springs

State

FL

Zip Code

32708

8000004661538-3

-10/31/01--01075--016

***150.00 ***150.00

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

Ronald Lansing

REGISTERED AGENT MUST SIGN

Date 10/21/2001

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
OWNER	Ronald Lansing	300 Sheeah Blvd. #301	Winter Sp., FL 32708

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

Ronald Lansing

Date 10/21/2001

Daytime Phone # (407) 699-9936

Typed or printed name of signing Managing Member/Manager

CR2E041 (9/01)