

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 MAR 22 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

DOCUMENT # **L99000002908**

1. Limited Liability Company's Name

Ft. Pierce 25th, L.C.

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

822 West Central Blvd

Suite, Apt. #, etc.

3. Mailing Office Address

1132 Reading Dr

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL 32804

Zip

32805

Country

Zip

32804

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

05/20/1999

6. FEI Number

593570241

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

Raymond D. Harrison

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

822 West Central Blvd

Suite, Apt. #, Etc.

City

Orlando,

State

FL

Zip Code

32805

☒ 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.

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

Raymond D. Harrison

REGISTERED AGENT MUST SIGN

Date **3/19/07**

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	Raymond D Harrison	822 West Central Blvd	Orlando, FL 32805
MGRM	Allen K Holcomb Jr.	1132 Reading Dr	Orlando, FL 32804

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REINSTATEMENT 04-07

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

Raymond D. Harrison

Date

3/19/07

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

RAYMOND HARRISON