

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



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

AND  
FILED

02 APR -8 AM 10:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L99000003030

1. Limited Liability Company's Name

Trimmer LAW Firm, L.L.C.

REINSTATEMENT

2000-2002

2. Principal Office Address

562 Park Street

Suite, Apt. #, etc.

3. Mailing Office Address

562 Park Street

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32204

Country

DUVAL

Zip

32204

Country

DUVAL

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

5/26/1999

6. FEI Number

65-0923526

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

Thomas J. Sweet

300005258653

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

562 Park Street

04/12/02-01102-010  
\*\*\*\*205.00 \*\*\*\*205.00

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32204

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 12/12/01

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
Mgm	C. Stephen Trimmer	2737 Highland Ave	Birmingham, AL 35205

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 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

*C. Stephen Trimmer*

Date

Daytime Phone # 205251 3151

Typed or printed name of signing Managing Member/Manager

C. Stephen Trimmer

CR2E041 (9/00)