

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUN 18 PM 12:54

STATE
TALLAHASSEE FLORIDA

DOCUMENT # L99000004810

1. Limited Liability Company's Name

Law Office of James J. Flick, LLC

MJH

300038088103
06/18/04--01021--001 **200.00

4/18

2. Principal Office Address

112 Lake Avenue

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32801

Country

3. Mailing Office Address

P.O. Box 592036

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32859-2036

Country

4. State/Country of Formation

FL

**5. Date Organized or Qualified
To Do Business in Florida**

8/5/1999

6. FEI Number

59-3600343

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

James J. Flick

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

112 Lake Avenue

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32801

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

James J. Flick
REGISTERED AGENT MUST SIGN

Date

6/15/04

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	James J. Flick	112 Lake Avenue	Orlando, FL 32801

REINSTATEMENT 2003-2004

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

James J. Flick
James J. Flick

Date

6/15/04

Daytime Phone #

407-426-8818

Typed or printed name of signing Managing Member/Manager

James J. Flick

CR2041 (10/02)