

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

00

FILED

DEC 26 PM 12:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Handwritten signature

DOCUMENT #

L99 5035

1. Limited Liability Company's Name

METOXAL LIMITED COMPANY

REINSTATEMENT *2000*

2. Principal Office Address

6200 STATE RD 544

Suite, Apt. #, etc.

3. Mailing Office Address

6200 STATE ROAD 544

Suite, Apt. #, etc.

4. State/Country of Formation

FLORIDA / USA

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

8/13/99

City & State

WINTER HAVEN, FL

City & State

WINTER HAVEN, FL

Zip

33881

Country

USA

Zip

33881

Country

USA

6. FEI Number

59-3593227

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

**\$5.00 Additional Fee required
for a Certificate of Status**

BRIAN R. GOVONI **8. Name and Address of Current Registered Agent**

Name

Govoni Hall & Assoc

800003855948-2

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

505 AVENUE "A" N.W.

-03/16/01 --01059--015

*****150.00 ****150.00*

Suite, Apt. #, Etc.

SUITE 102

City

WINTER HAVEN

State

FL

Zip Code

33881-4626

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**

Handwritten signature of Brian R. Govoni

REGISTERED AGENT MUST SIGN

Date *12/22/00*

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
<i>MR</i>	<i>SEAN MURRAY</i>	<i>7720 INDIAN EDGE TRAIL SOUTH</i>	<i>KISSIMEE FL 34747</i>

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**

Handwritten signature of Sean Murray

Date *12/12/2000* **Daytime Phone #** *863 419 2704*

Typed or printed name of signing Managing Member/Manager

SEAN MURRAY

CR2E041 (9/99)