

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 DEC 21 AM 8:13

DOCUMENT # **L99000005083**

1. Limited Liability Company's Name

Denoos + Company, L.L.C.

9/29/00

700004762937--6
-01/09/02--01052--022
****100.00 ****100.00

2. Principal Office Address

1400 Briercliff Drive

3. Mailing Office Address

1400 Briercliff Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32806

Country

U.S.A.

Zip

32806

Country

U.S.A.

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

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

Marc W. Kelley

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

1400 Briercliff Drive

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32806

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

Marc W. Kelley

REGISTERED AGENT MUST SIGN

Date

12/18/01

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
Manager	Marc W. Kelley	1400 Briercliff Drive	Orlando, FL 32806

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 608.408, 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

Marc W. Kelley

Date

12/18/01

Daytime Phone #

407-893-9114

Typed or printed name of signing Managing Member/Manager

Marc W. Kelley

292



STERLING HENNING & ASSOCIATES

Certified Public Accountants, P.A.

December 12, 2001

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

RE: Denoon & Company, L.L.C.; Annual Report

Dear Sir or Madam:

Enclosed is the reinstatement form and \$100 annual report fee. We request that the reinstatement penalty be waived and that Denoon & Company, L.L.C. be reinstated based on the following reason: The attorney who formed Denoon & Company, L.L.C. used 9075 Point Cypress Drive, Orlando, FL 32836, as the mailing address. This was Marc Kelley's, the managing member, address at the time of organization. However, he moved shortly after that date. He never received the renewal forms for the corporate annual report and was unaware that he needed to file annually.

His management company recently informed him that his L.L.C. had been administratively dissolved. He immediately contacted my office and we are resolving the matter. He is now aware of the annual filing and we corrected his address on the reinstatement form.

Again, we request that you abate the reinstatement penalty due to reasonable cause. Mr. Kelley is now aware of the filing and will timely file and pay the annual report.

Thank you for your assistance in this matter.

Sincerely,

Teri Gorman, C.P.A.