

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 JAN 31 PM 1:16

DOCUMENT #

1. Limited Liability Company's Name **LANEY + Associates LLC**
(LANEY LAW Firm, LLC)
Rin diss 9/29/00
L99000005114 2000-2001

2. Principal Office Address

4890 W Kennedy Blvd
Suite, Apt. #, etc.

600

City & State

TAMPA FLORIDA

Zip

33609

Country

Hillsborough

3. Mailing Office Address

4890 W Kennedy Blvd
Suite, Apt. #, etc.

600

City & State

TAMPA Florida

Zip

33609

Country

Hillsborough

4. State/Country of Formation

FLORIDA, HILLSBOROUGH

**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 **MARGARET LANEY**

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

4890 W. Kennedy Blvd, Suite 600

Suite, Apt. #, Etc.

600

City

TAMPA, FLORIDA

300003631183-2

-02/02/01--01105--002

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

300003631183-2

-02/02/01--01105--001

*******50.00 -*****50.00**

State

FL

Zip Code

33609

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

Margaret Laney

REGISTERED AGENT MUST SIGN

Date **12-28-2000**

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
Managing Member	MARGARET LANEY	4890 W Kennedy Blvd, 600	TAMPA FLORIDA 33609
			50-2000
			50-2001
			100-Rin
			200.00 up

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

Margaret Laney for Laney Law Firm LLC

Date **12-28-2000**

Daytime Phone # **813-222-8971**

Typed or printed name of signing Managing Member/Manager

MARGARET LANEY