

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

00 DEC 20 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 2000

DOCUMENT # **L99000005902**

1. Limited Liability Company's Name

TREMACK, LLC

2. Principal Office Address

201 E. PINE ST.

Suite, Apt. #, etc.

SUITE 801 (T. WILER)

City & State

ORLANDO, FL

Zip

32801

Country

USA

3. Mailing Office Address

201 E. PINE ST.

Suite, Apt. #, etc.

SUITE 801 (T. WILER)

City & State

ORLANDO, FL

Zip

32801

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

9/21/99

6. FEI Number

59-3606859

Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

**\$500 Additional Fee required
for a Certificate of Status**

8. Name and Address of Current Registered Agent

Name

TERRY WILER

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

201 E. PINE ST., SUITE

Suite, Apt. #, Etc.

SUITE 801

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

Date **12/14/00**

REGISTERED AGENT MUST SIGN

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
MEM	TERRY J. WILER	201 E. PINE ST., SUITE 801	ORLANDO, FL 32801

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

Date **12/14/00**

Daytime Phone # **(407) 843-4433**

Typed or printed name of signing Managing Member/Manager

TERRY J. WILER