

L99000006347

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 JAN 24 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000006347

1. Limited Liability Company's Name

LAR MANUFACTURING, L.L.C.

300010124493
01/15/03--01029--015 **150.00

5121-69TH ST. #B-6 5121-69TH ST. #B-6

2. Principal Office Address

4611 14th Street ↑

3. Mailing Office Address

4611 14th Street ↑

Suite/Apt. #, etc.

B-6

Suite/Apt. #, etc.

B-6

City & State

Lubbock, TX

City & State

Lubbock, TX

Zip

79424
79416

Country

USA

Zip

79424
79416

Country

USA

4. State/Country of Formation

5. Date Organized or Qualified

To Do Business in Florida

10/5/1999

6. FEI Number

74 2934799

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

R. CARLTON WARD, ESO.

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

1953 Park Street

Suite, Apt. #, Etc.

City

Clearwater

State

FL

Zip Code

33756

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

[Signature]

Date 1/13/03

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
MGR	Reynolds, Rutledge	4611 14th Street ↓ 5121-69TH ST #B-6	Lubbock, TX 79416 ↓ 79424

REINSTATEMENT 2002-2003
BKC

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

[Signature]

Date 10 JAN 03

Daytime Phone#

8067714696

Typed or printed name of signing Managing Member/Manager

RUTLEDGE REYNOLDS

CR2E(41 (10/02)