

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 22 PM 12:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L91000006941

1. Limited Liability Company's Name

EJ-VESTCO INDUSTRIES, LLC

REINSTATEMENT 2000

2. Principal Office Address

2204 S. EXUMOR

Suite, Apt. #, etc.

City & State

Tampa FL

Zip

33629

Country

USA

3. Mailing Office Address

2204 S. EXUMOR

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33629

Country

USA

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 ☐

**\$300 Additional Fee required
for a Certificate of Status**

8. Name and Address of Current Registered Agent

Name

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

900003855913-2

-03/16/01 -01059-010

Suite, Apt. #, Etc.

****150.00 ****150.00

City

State

FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date 12/18/00

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
<u>MR. ERROL J. WENKE</u>		<u>2204 S. EXUMOR</u>	<u>Tampa, FL 33629</u>

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 12/18/00

Daytime Phone # 813-258-3553

Typed or printed name of signing Managing Member/Manager

ERROL J. WENKE