

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**

01 NOV -5 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 499000008315

1. Limited Liability Company's Name

CMS MOWERY, L.L.C.

2. Principal Office Address

11689 LACKLAND BLVD.

3. Mailing Office Address

SAME

City & State

ST. LOUIS MO.

Zip

63146

Country

USA

Zip

1

Country

USA

4. State/Country of Formation

ST. LOUIS

5. Date Organized or Qualified  
To Do Business in Florida

NOV. 30, 1999

6. FEI Number

93-1706075

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT 2001**

**8. Name and Address of Current Registered Agent**

Name

CT CORPORATION SYSTEM

800004685358-8

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

1200 South Pine Island Rd

11/16/01-01058-002

\*\*\*\*150.00 \*\*\*\*150.00

Suite, Apt. #, Etc.

City

Clearwater

State

FL

Zip Code

33829

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

N/A

Date

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
<u>MEMBER</u>	<u>DAVID EUGLES</u>	<u>15331 N26ACROFT</u>	<u>ST. LOUIS MO. 63017</u>
<u>MEMBER</u>	<u>RAYMOND SPEARS</u>	<u>1504 LACE BARK LT.</u>	<u>ST. LOUIS MO. 63015</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

Raymond M. Spears

Date 10/22/01

Daytime Phone # 314-432-6685

Typed or printed name of signing Managing Member/Manager

RAYMOND M. SPEARS

CR2041 (9/01)