

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 JAN 18 PM 12:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L99000009281

1. Limited Liability Company's Name

RAYMOND & JOYCELYN, L.L.C.

**REINSTATEMENT** 2000-01

2. Principal Office Address

3015 RIDGE VALE CR

Suite, Apt. #, etc.

3. Mailing Office Address

3015 RIDGE VALE CR

Suite, Apt. #, etc.

City & State

VALRICO, FLORIDA

City & State

VALRICO, FLORIDA

Zip

33594

Country

HILLSBOROUGH

Zip

33594

Country

HILLSBOROUGH

4. State/Country of Formation

FLORIDA / HILLSBOROUGH

5. Date Organized or Qualified  
To Do Business in Florida

JAN 00

6. FEI Number

656323480

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

RAYMOND & JOYCELYN A. SHEELY

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

3015 RIDGE VALE CR

Suite, Apt. #, Etc.

V

City

VALRICO

State  
**FL**

Zip Code

33594

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

Joycelyn A. Sheely

Date 28 Dec. 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
MGR	JOYCELYN A. SHEELY	3015 RIDGE VALE CR	VALRICO FL 33594

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

Joycelyn A. Sheely

Date 28 Dec 00

Daytime Phone # (813) 689-6199

Typed or printed name of signing Managing Member/Manager

JOYCELYN SHEELY