

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

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ALL ANNUAL REPORTS DUE

CR2E041 (1/14)

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M01000000689

1. Limited Liability Company's Name
Thomas D. Donald CO. LLC

2. Principal Office Address - No P.O. Box # 8241 Shenandoah Run		3. Mailing Office Address 8214 Shenandoah Run	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Wesley Chapel, Florida		City & State Wesley Chapel, Florida	
Zip 33544	Country USA	Zip 33540	Country USA

4. State/Country of Formation
PA, USA

5. Date Organized or Qualified To Do Business In Florida
3/27/2001

6. FEI Number 21-0524318	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
Thomas D. Donald

Street Address (P.O. Box Number is Not Acceptable)
8241 Shenandoah Run

Suite, Apt. #, Etc.


City
Wesley Chapel

State
FL

Zip Code
33544

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9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent  Date 6/6/2016


REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
Pres.	Thomas D. Donald	8241 Shenandoah Run	Wesley Chapel FL. 33544

11. E-mail Address: td.donald@hotmail.com (To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, F.S., and that all taxes 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager  Date 6/6/2016 Daytime Phone # 813-455-2469

Typed or printed name of signing Authorized Representative/Manager _____