

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

09 MAR 10 AM 8:43

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DOCUMENT #** m03 00000 2792

**1. Limited Liability Company's Name**

Fenton Enterprises, LLC

CR2E041 (10/08)

<b>2. Principal Office Address - No P.O. Box #</b> 1221 Kingsway Road		<b>3. Mailing Office Address</b> 4209 Elba Place	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Brandon, FL		City & State Valrico,	
Zip 33510	Country USA	Zip 33596	Country USA

<b>4. State/Country of Formation</b> Delaware	
<b>5. Date Organized or Qualified To Do Business in Florida</b> 7/30/03	
<b>6. FEI Number</b> 30525054	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

<b>8. Name and Address of Current Registered Agent</b>		
Name David C. Fenton		
Street Address (P.O. Box Number is Not Acceptable) 4209 Elba Place		
Suite, Apt. #, Etc.		
City Valrico	State FL	Zip Code 33596

Do not waive  
☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

**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

*David C Fenton*

Date 3/2/09

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
MGRM	David C Fenton (sole managing mbr)	4209 Elba Place	Valrico, FL 33596
	L. SELLERS	REINSTATEMENT	05-09
	MAR 11 2009	500145070455	03/05/09--01037--020 **793.75
	EXAMINER		

**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

*David C Fenton*

Date 3/2/09

Daytime Phone# 813-918-9583

Typed or printed name of signing Managing Member/Manager