

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED  
AND  
FILED

14 NOV -6 AM 10:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # M11000003029

1. Limited Liability Company's Name

Tubz Plus, LLC

2. Principal Office Address - No P.O. Box #

340 Beulah Church Rd

3. Mailing Office Address

P.O. Box 5920

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Thomasville GA

City & State

Thomasville GA

Zip

31757

Country

Thomas

Zip

31758

Country

Thomas

4. State/Country of Formation

5. Date Organized or Qualified  
To Do Business in Florida

6. FEI Number

202231655

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

Pamela Bush

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

4240-B Brewster Rd

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32308

400266260084  
11/06/14--01002--004 \*\*516.25

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

Pamela Bush

Date 11-6-14

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
Off Mgr	Pamela Bush	4240-B Brewster Rd	Tallahassee, FL 32308

REINSTATEMENT

NOV 06 2014

R. HUNT

REC-12-14

11. E-mail Address: pam@tubzplus.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 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. 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

Pamela Bush

Date 11-6-14

Daytime Phone # 850-251-0558

Typed or printed name of signing Authorized Representative/Manager

Pamela Bush