

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2013 DEC -3 AM 11:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

500254367625  
12/03/13--01016--003 \*\*238.75  
CR2E041 (1/11)

DOCUMENT # M12000001437

1. Limited Liability Company's Name

WORTH CUTTING & SEALING, LLC

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

19651 E. Chelsea Way

Suite, Apt. #, etc.

3. Mailing Office Address

19651 E. Chelsea Way

Suite, Apt. #, etc.

4. State/Country of Formation

Illinois/USA

5. Date Organized or Qualified  
To Do Business in Florida

03/13/2012

City & State

Bloomington, IL

City & State

Bloomington, IL

Zip

61705

Country

USA

Zip

61705

Country

USA

6. FEI Number

45 2907012

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

Schuh, Daniel

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

248 Mirror Lake Drive North

Suite, Apt. #, Etc.

City

St. Petersburg

State

FL

Zip Code

33701-3224

E-mail Address:

(To be used for future annual report notices)

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

*[Signature of Daniel Schuh]*  
REGISTERED AGENT MUST SIGN

Date 11/29/2013

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	LAURA WORTH	19651 E. CHELSEA WAY	BLOOMINGTON, IL 61705
MGRM	LEO WORTH	19651 E. CHELSEA WAY	BLOOMINGTON, IL 61705
			S. HAWKES
			DEC 4 - 2013
			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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing  
Member/Manager

*[Signature of Laura Worth]*

Date 11/26/13

Daytime Phone # 309 275 9515

Typed or printed name of signing Managing Member/Manager