M97000000024

APPLICATION FOR REINSTATEMENT FOR LIMITED LIABILITY COMPANY

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 APR -9 PM 3:44

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1 Name and Mailing Address of Limited Liability Company

DOCUMENT # M97000000024

Moose of North Carolina, LLC
PO Box 2268
Hickory NC 28603-2268

If above mailing address is incorrect in any way **line through incorrect information** and enter correction in Block 2a

1a Principal Place of Business Address

PO Box 2268
Hickory NC 28603

2 Principal Place of Business

Suite, Apt #, etc.
1717 Minnesota Ave
City & State
Winter Park, FL
Zip 32789 Country USA

2a Mailing Address

Moose of NC, LLC
Suite, Apt #, etc.
PO Box 2268
City & State
Hickory NC
Zip 28603 Country USA

3 Date Organized or Qualified
12-31-96

3a State of Formation
NC

4 FEI Number
56-2016200

☐ Applied For
☐ Not Applicable

5 Date of Last Report
5/15/97

6 Certificate of Status Desired
$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

Moose, Wade E
1717 Minnesota Ave
Winter Park FL 32789

8. Name and Address of New Registered Agent

Name

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

Suite, Apt #, etc

City FL Zip Code

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 Wade E Moose Date

10. Title	Managing Members/Managers	Business Street Address	City State & Zip Code
M	Moose, Wade E.	1717 Minnesota Ave	Winter Park FL

FLORIDA DEPARTMENT OF STATE
-04/15/99--01106--001
****87.50 ****87.50

REINSTATEMENT 98.99

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 Wade E Moose Date 12-2-98 Daytime Phone # 828-323-8950

Typed or printed name of signing Managing Member Manager Wade E. Moose