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A E SE EAT	AI INS L'O	PIONS BEFORE	COMPLET	NOTOS FORM		
LIMITED LIABILITY	R Kather	ine Harris			į	
COMPANY REINSTATEMENT		ary of State		FILED	- _	
DOCUMENT II MARK				00 APR 28 AN 8: 5		
DOCUMENT # M98 00 1. Limited Liability Company's Name		, (,		SECRETARY OF STATI TALLAHASSEE, FLORIC	Ξ)Α	
1. Limited Liability Company's Name Earl Roy Waterm	icion co., i	_, _ , _ ,	l			
					,	
2. Principal Office Address	3. Mailing Office Add	~ (en anno di Japanes sanciale S. (m. 1912).	e entremente a bisca (cha a cha a	
Suite, Apt. #, etc.				4. State/Country of Formation LOUISIANA / AVOYCHES		
Unit 7			E Date Organ	5. Date Organized or Qualified To Do Business in Florida 2 29 98		
City & State City & State City & State Hessmer La			6. FEI Numbe	1.(2.2221)	Applied For	
Zip Gauntry	Zip (1, 2, 1)	Country	7. CERTIFICATE	\$5.00 Addition	Not Applicable	
33934 Collier	11041 8 Name and	Address of Current Regis		for a Certifi	cate of Status	
Name	1	Address of Current Regis	otoreu Agent			
Street Address (P.O. Box Number is Not Acceptable)				00003249411	- L-1-3	
KT 2						
City Q	•			State Zip Code	- · ·	
Bonifay	a	company are familiar with s	and accept the obligati	FL 32425	11 (9/93)	
9. I, being appointed the registered agent of the about Signature of	ove named ilmited liability	company, am tanimar with a	and accept the obligat		CR2E041 (8	
Registered Agent Date Tax 1-2000 REGISTERED AGENT MUST SIGN						
10. Names and Street Addresses of Managing Me	mbers/Managers					
Titles Name of Managing Members/Managing	gers	Street Address of Each Managing Member/Manager		City / State / Zip		
Morm Roy, Ear	15 2	158 Auc	tion St	Hessmer, La	71341	
Mern Roy, John	my E 20	158 Auc	tion St	Hessmer La	71341	
	!	, ,				
11. I certify that I am managing member/manager filing this reinstatement application the reason for	or the receiver or trustee e	empowered to execute this	application as provide	ed for in chapter 608, F.S. I further certif	y that when	
filing this reinstatement application the reason to all fees owed by the limited liability company has as if made under oath.	ve been paid. The informat	ion indicated on this applica	tion is true and accure	ate, and my signature shall have the sam	е івдаг епест	
Signature of Manager	$\Sigma / $	Date	-21-20W	Daytime Phone # 318-563 - 6	4560	
Typed or printed name of signing Managing Membe	r/Manager J0	hnny E.	Roy			

Typed or printed name of signing managing Member/Manager