

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 15, 2007 8:00 A.M.
Secretary of State

DOCUMENT # P04000114412

1. Limited Liability Company's Name

Evelyn D. Berryman, Inc

000094755180
03/26/07--01006--025 **150.00

2007 AR CR2E041 (8/05)

2. Principal Office Address

15231 NE 8 Street

Suite, Apt. #, etc.

N/A

City & State

Williston, FL

Zip

32696

Country

Levy

3. Mailing Office Address

15231 NE 8 Street

Suite, Apt. #, etc.

N/A

City & State

FL - Williston

Zip

32696

Country

Levy

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

20-1452300

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

Evelyn D. Berryman

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

15231 NE 8 Street

Suite, Apt. #, Etc.

City

Williston

State

FL

Zip Code

32696

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

Evelyn D. Berryman
REGISTERED AGENT MUST SIGN

Date 3/13/07

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
<u>P</u>	<u>Evelyn D. Berryman</u>	<u>15231 NE 8 Street</u>	<u>Williston, FL</u>
<u>VP</u>	<u>Irring H. Berryman</u>	<u>15231 NE 8 Street</u>	<u>Williston, FL</u>

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

Evelyn D. Berryman

Date 3/13/07

Daytime Phone #

352-528-9301

Typed or printed name of signing Managing Member/Manager

Evelyn D. Berryman

3/15/07