

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2010 DEC 30 P 12:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600190062406
01/06/11--01002--006 **\$00.00

CR2E041 (05/10)

DOCUMENT # P07000052465

1. Limited Liability Company's Name

Lee Manufacturing Company, Inc.

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

2014 E. Adam St

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Country

32202 USA

City & State

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

5-1-07

6. FEI Number

208960567

☐ 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

John Watson, Atty

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

7785 Baymeadow Way Suite 107

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32256

600190062406
01/06/11--01002--005 **\$300.00

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

John Watson

REGISTERED AGENT MUST SIGN

Date 1-4-11

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
D	Michael J. Lanan	5117 Rinker Lane Rd	Jacksonville FL 32210

11. E-mail Address: WBUNNELL@THELANAHANLUMBER.COM

(To be used for future annual report notifications)

12. 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

Michael J. Lanan

Date

1/4/11

Daytime Phone #

904-356-0721

Typed or printed name of signing Managing Member/Manager

MICHAEL J LANAHAN

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