


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 APR 30 AM 10:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

DOCUMENT # L04000087002

1. Limited Liability Company's Name

JAMES BUBENHEIM, LLC.

2. Principal Office Address - No P.O. Box # 2202 LYMESTONE COURT		3. Mailing Office Address 2202 LYMESTONE COURT	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State NEW SMYRNA BEACH, FL		City & State NEW SMYRNA BEACH, FL	
Zip 32168	Country US	Zip 32168	Country US

4. State/Country of Formation FLORIDA, USA	
5. Date Organized or Qualified To Do Business in Florida 12/2/2004	
6. FEI Number 412092504	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name
JAMES BUBENHEIM

Street Address (P.O. Box Number is Not Acceptable)
2202 LYMESTONE COURT

Suite, Apt. #, Etc.

City
NEW SMYRNA BEACH

State
FL

Zip Code
32168

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received, and requesting the \$100 reinstatement be waived.

[Handwritten Signature]

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 *[Handwritten Signature]* Date 4/19/07

REGISTERED AGENT MUST SIGN

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	JAMES BUBENHEIM	2202 LYMESTONE COURT	NEW SMYRNA BEACH, FL 32168
			500101936255 05/09/07--01009--003 **250.00
			REINSTATEMENT 05-07

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 *[Handwritten Signature]* Date 4/19/07 Daytime Phone # 386-847-1235

Typed or printed name of signing Managing Member/Manager **JAMES BUBENHEIM**