

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 MAR 13 PM 12:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ML

CR2E041 (1/07)

DOCUMENT # L06000106996

1. Limited Liability Company's Name

Scott Alan Bolger, LLC. *07*

2. Principal Office Address - No P.O. Box #
1420 Cortes Drive

3. Mailing Office Address
Same as principle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Englewood, Fl.

City & State

Zip
34223

Country
USA

Zip

Country

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida 1/1/03/06

6. FEI Number

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
Scott Alan Bolger

Street Address (P.O. Box Number is Not Acceptable)
1420 Cortes Drive

Suite, Apt. #, Etc.

City
Englewood,

State
FL

Zip Code
34223

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.

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

Scott A. Bolger

REGISTERED AGENT MUST SIGN

Date

3-7-2008

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	Scott Alan Bolger	1420 Cortes Drive	Englewood, Fl. 34223

REINSTATEMENT 2007-2008

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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

Scott A. Bolger

Date

3-7-2008

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

Scott Alan Bolger