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2007 AUG 28 AM 8:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2ED41 (1/07)

DOCUMENT # L97000000523

1. Limited Liability Company's Name

Robertson & Associates, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
370 Camino Gardens Blvd	Same
Suite, Apt. #, etc.: Suite 108	Suite, Apt. #, etc.
City & State: Boca Raton, FL	City & State
Zip: 33432 Country: USA	Zip Country

4. State/Country of Formation: Florida/USA

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number: 36-3468829 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 S. Pine Island Road

Suite, Apt. #, Etc.

City: Plantation State: FL Zip Code: 33324

☒ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notice. 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: Barbara A Burke Date: 8-27-07

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
Mgr	Kenneth H. Robertson	370 Camino Gardens Blvd Suite 108	Boca Raton, FL 33432
Mgr	Joan K. Robertson	370 Camino Gardens Blvd Suite 108	Boca Raton, FL 33432

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 608.508, 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: [signature] Date: 8/27/07 Daytime Phone #: 561-347-0761

Typed or printed name of signing Managing Member/Manager: Kenneth H. Robertson

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Robertson & Associates, LLC
Business Financing & Consulting

August 27, 2007

Division of Corporations
Registration Section
PO Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Robertson & Associates, LLC never received notices regarding reinstatement due to two office moves. One move was due to damage by Hurricane Wilma. We are requesting reinstatement and also asking that the $100.00 reinstatement fee be waived.

Thank you for your time and consideration.

Sincerely,

Kenneth H. Robertson

370 Camino Gardens Blvd., Suite 108, Boca Raton, FL 33432 • Phone: (561) 347-0761 • Fax: (561) 394-5889

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Florida Department of State

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Division of Corporations

Public Access System

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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LIMITED LIABILITY REINSTATEMENT

ROBERTSON & ASSOCIATES, L.L.C.

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