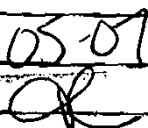


FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2007 AUG 28 AM 8:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L97000000523 1. Limited Liability Company's Name Robertson & Associates, LLC			
2. Principal Office Address - No P.O. Box # 370 Camino Gardens Blvd		3. Mailing Office Address 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 ☒		☐ Book required to be kept on file in Florida, and pay	
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
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 606, F.S. Signature of Registered Agent <u><i>Barbara Abene</i></u> Date <u>8-27-07</u> REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Managing Members/Managers			
Title Mgr	Name of Managing Member/Manager Kenneth R. Robertson	Street Address of Each Managing Member/Manager 370 Camino Gardens Blvd Suite 108	City / State / Zip 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/managers or the receiver or trustee empowered to execute this application as provided for in chapter 606, 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 603.406, 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 <u><i>Kenneth R. Robertson</i></u>		Date <u>8/27/07</u>	Daytime Phone <u>561-347-0761</u>
Typed or printed name of signing Managing Member/Manager Kenneth R. Robertson			

CR2ED41 (1/07)

☒ 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 notice was not received and requesting the \$100 reinstatement be waived.

2007 AUG 28 AM 8:32

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

Florida Department of State

Division of Corporations
Public Access System

2007 AUG 28 AM 8: 32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5926

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07 AUG 28 AM 10: 35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY REINSTATEMENT

ROBERTSON & ASSOCIATES, L.L.C.

Certificate of Status	1
Certified Copy	0
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