

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2010 MAR 25 PM 2:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L06000083652

1. Limited Liability Company's Name

For Sale Buy Now, LLC

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

4704 E. Hanna Ave

Suite, Apt. #, etc

3. Mailing Office Address

4704 E. Hanna Ave

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33610

Country

USA

Zip

33610

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

8/23/2006

6. FEI Number

20-5376419

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

Tomika A. Cole

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

4704 E. Hanna Avenue

Suite, Apt. #, Etc

City

Tampa

State

FL

Zip Code

33610

☒ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date 3/19/2010

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	Tomika A. Cole	4704 E. Hanna Ave	Tampa, FL 33610

REINSTATEMENT 07-10

11. E-mail Address: tomika.frevor@yahoo.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

[Signature]

Date 3/19/2010

Daytime Phone #

(833) 770-1277

Typed or printed name of signing Managing Member/Manager