

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED

2004 DEC -6 PM 2:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L00000002341

1. Limited Liability Company's Name

S & B Ventures, LLC

300043211443  
12/06/04--01038--001 \*\*305.00

2. Principal Office Address

3751 Gulf Blvd.

Suite, Apt. #, etc.

3. Mailing Office Address

3751 Gulf Blvd.

Suite, Apt. #, etc.

City & State

St. Pete Beach, FL

City & State

St. Pete Beach, FL

Zip

33706

Country

USA

Zip

33706

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified

To Do Business in Florida 03/01/2000

6. FEI Number

59-3631663

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

Timothy C. Schuler

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

7843 Seminole Blvd.

Suite, Apt. #, Etc.

City

Seminole

State

FL

Zip Code

33772

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]*

Date

12.1.04

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
MGR	Sidney A. Williams	16797 1st St. E.	N. Redington Beach, FL 33708

REINSTATEMENT 01-04  
WOW

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

*[Signature]*

Date

11-18-04

Daytime Phone #

727-397-9963

Typed or printed name of signing Managing Member/Manager

Sidney A. Williams

CR2E041 (10/02)