

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L00000005042

1. Limited Liability Company's Name

KEVIN L. BOUDROT AND DEBRA A. BOUDROT, LLC

2. Principal Office Address - No P.O. Box #
417 8th Street West

Suite, Apt. #, etc.

City & State
Bradenton, FL

Zip
34205

Country
USA

3. Mailing Office Address
1401 Manatee Avenue West

Suite, Apt. #, etc.
Suite 800

City & State
Bradenton, FL

Zip
34205

Country
USA

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida 05/02/2000

6. FEI Number 65-1118446

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
Darren R. Inverso, Esq.

Street Address (P.O. Box Number is Not Acceptable)
1819 Main Street

Suite, Apt. #, Etc.
Suite 610

City
Sarasota

State
FL

Zip Code
34236

☒ 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

REGISTERED AGENT MUST SIGN

Date 9-24-07

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
D	Kevin L. Boudrot	1401 Manatee Avenue West #800	Bradenton, FL 34205-6770
D	Debra A. Boudrot	1401 Manatee Avenue West #800	Bradenton, FL 34205-6770

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09/26/07 01033 000 **255.00

REINSTATEMENT

03-07

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 608.406, 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

Date

9/24/07

Daytime Phone #

941-465-5642

Typed or printed name of signing Managing Member/Manager

Kevin L. Boudrot