

PLEASE READ ALL INSTRUCTIONS BEFORE FILING THIS FORM

**L-00000007166**

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

02 JUL 15 AM 9:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

900006494359--1  
-07/18/02--01080--006  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

DOCUMENT # **L-00000007166**

1. Limited Liability Company's Name

**SCobed Consulting, LLC**

**9/28/01**

2. Principal Office Address

**4911 20th A**

Suite, Apt. #, etc.

City & State

**Bradenton FL**

Zip

**34209**

Country

3. Mailing Office Address

**P.O. Box 3319**

Suite, Apt. #, etc.

City & State

**Sarasota FL**

Zip

**34230**

Country

4. State/Country of Formation

**FLORIDA**

5. Date Organized or Qualified To Do Business in Florida

**6/19/00**

6. FEI Number

**65-1024251**

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

**Anthony Jordan**

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

**4911 20th Ave. W BK**

Suite, Apt. #, Etc.

City

**Bradenton**

State

**FL**

Zip Code

**34209**

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

**Anthony Jordan**

Date

**4/19/02**

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	Anthony Jordan	4911 20th St W	Bradenton, FL 34209

**REINSTATEMENT**

**2001-2002**

**BK**

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

**Anthony Jordan**

Date

**4/19/02**

Daytime Phone

**941-952-0775**

Typed or printed name of signing Managing Member/Manager

**Anthony Jordan**

CR2ED41 (8/01)