

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

*FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # L00000013486

1. Limited Liability Company's Name

Phoebe Ellston LLC

2. Principal Office Address

15303 Lake Bella Vista Dr.

Suite, Apt. #, etc.

PO Box 272488

City & State

Tampa, FL

Zip

33688

Country

USA

3. Mailing Office Address

15303 Lake Bella Vista Dr.

Suite, Apt. #, etc.

PO Box 272488

City & State

Tampa, FL

Zip

33688

Country

USA

CR2E041 (8/05)

State/Country of Formation

FL, USA

5. Date Organized or Qualified
To Do Business in Florida

November 3, 2000

6. FEI Number

59-3680468

☒ 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

Phoebe Ellston

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

15303 Lake Bella Vista Dr

Suite, Apt. #, Etc.

City

Tampa, FL

State

FL

Zip Code

33625

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

Phoebe Ellston

Date November 8, 2006

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	Phoebe Ellston	15303 Lake Bella Vista Dr	Tampa, FL 33625
MGRM	Arlene Calumba	15303 Lake Bella Vista Dr	Tampa, FL 33625
MGRM	Sancho Calumba	15303 Lake Bella Vista Dr	Tampa, FL 33625

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

Phoebe Ellston

Date 11/08/2006

Daytime Phone# (813)503-2331

Typed or printed name of signing Managing Member/Manager Phoebe Ellston