

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUN -7 AM 9:06

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Limited Liability Company's Name

Gary A. Roberts & Associates, LLC
L00000015933

2. Principal Office Address

167 Salem Court
Suite, Apt. #, etc.
N/A

City & State

Tallahassee, FL

Zip Country
32301-2809 USA

3. Mailing Office Address

167 Salem Court
Suite, Apt. #, etc.
N/A

City & State

Tallahassee, FL

Zip Country
32301-2809 USA

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified
To Do Business in Florida

12/19/2000

6. FEI Number

593687075

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

Dominique W. Johnson

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

167 Salem Court

Suite, Apt. #, Etc.

N/A

City

Tallahassee

State

FL

Zip Code

32301-2809

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 6/2/05

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
M	Gary A. Roberts	4743 Lancashire Lane	Tallahassee, FL 32309

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 6/2/05

Daytime Phone # 850.513.0505

Typed or printed name of signing Managing Member/Manager

CR2E041 (10/02)