

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 FEB 28 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000000/887

1. Limited Liability Company's Name

L & B BOSTONER EQUITIES, LLC.

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #

8625 PISA DR.

Suite, Apt. #, etc.

11213

City & State

ORLANDO, FL

Zip

32810

Country

U.S.

3. Mailing Office Address

8625 PISA DR.

Suite, Apt. #, etc.

11213

City & State

ORLANDO, FL

Zip

32810

Country

U.S.

4. State/Country of Formation

FLORIDA / U.S.

5. Date Organized or Qualified
To Do Business in Florida

02/05/2001

6. FEI Number

☒ 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

GLAVIT FARAHBAKHS

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

8625 PISA DR.

Suite, Apt. #, Etc.

11213

City

ORLANDO

State

FL

Zip Code

32810

☐ 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

X [Signature]

REGISTERED AGENT MUST SIGN

Date 2/21/07

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
<u>MGRM</u>	<u>GLAVIT FARAHBAKHS</u>	<u>8625 PISA DR. #11213</u>	<u>ORLANDO, FL, 32810</u>
			<u>600090085116</u>
			<u>03/02/07--01046--016 **250.00</u>
			<u>05.07</u>

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

X [Signature]

Date 2/21/07

Daytime Phone #

407 474-3485

Typed or printed name of signing Managing Member/Manager

GLAVIT FARAHBAKHS