

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

13 AUG 21 AM 7:58

RECEIVED
TALLAHASSEE, FLORIDA

REINSTATEMENT 09-13

DOCUMENT #

1. Limited Liability Company's Name

DOCUMENT #L01000002867

ESB HOLDINGS, LLC

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

2757 Bayou Boulevard

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Pensacola, FL

City & State

Zip

32503

Country

USA

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

2/22/2001

6. FEI Number

59-3715192

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

Dorothy Kahn Galloway

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

2757 Bayou Boulevard

Suite, Apt. #, Etc.

City

Pensacola

State

FL

Zip Code

32503

E-mail Address:

000250824790

08/21/13--01018--014 *957.50

d1436@cox.net

(To be used for future annual report notices)

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

Dorothy Kahn Galloway

Date 8.19.13

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
MGRM	Dorothy Kahn Galloway	2757 Bayou Boulevard	Pensacola, FL 32503

AUG 21 2013
DEUTER

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

Dorothy Kahn Galloway

Date 8.19.13

Daytime Phone # 850-432-8115

Typed or printed name of signing Managing Member/Manager Dorothy Kahn Galloway