

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF ST
DIVISION OF CORPORA.

03 NOV -7. PM 1:00

1. DOCUMENT # L01000007305

Name and Mailing Address

0013580 01 AT 0.292 **AUTO T9 0 0615 33573-534601



TUBOLT, LLC
1401 NORTH PEBBLE PEACH BLVD
SUN CITY CENTER FL 33573-5346



2. New Mailing Address

City, State, Zip

Principal Place of Business

1401 NORTH PEBBLE PEACH BLVD
SUN CITY CENTER FL 33573

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

05/03/2001

6. FEI Number

APPLIED FOR

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

HINES JR, JAMES P
315 S HYDE PARK AVENUE
TAMPA FL 33606

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

10. 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

James P. Hines Jr.
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	CLARK, ROBERT G	1401 N PEBBLE BEACH BLVD	SUN CITY CENTER FL

500024515945
11/07/03--01072--009 **150.00

REINSTATEMENT -03
dec

12. 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

Robert G. Clark
SIGNATURE REQUIRED

Date 10-27-03

Daytime Phone # 813-634-7704

Typed or printed name of signing Managing Member/Manager