

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

2009 APPLICATION FOR REINSTATEMENT ac ubr



FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS

FILED

02 OCT 29 AM 10:58

SECRETARY OF STATE TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000011099 Name and Mailing Address

0005811 01 FP 0.352 \*\*PRSRT TB 0 0615 34228-412127 NATALIE W. BUCHMAN BOOKS, LLC 3527 FAIR OAKS LANE LONG BOAT KEY FL 34228-4121



CFR2E084 (8/02)

2. New Mailing Address, 3. New Principal Place of Business Address, 4. State/Country of Formation, 5. Date Organized or Qualified To Do Business in Florida, 6. FEI Number, 7. CERTIFICATE OF STATUS DESIRED

8. Name and Address of Current Registered Agent, 9. Name and Address of New Registered Agent

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, Date

Table with 4 columns: Title(s), Name of Managing Members/Managers, Street Address of Each Managing Member/Manager, City / State / Zip. Row 1: President Natalie W Buchman, 3527 Fair Oaks Ln Longboat Lane Fl. 34228

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.

Signature of Managing Member/Manager, Date, Daytime Phone #

20/2

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Gentlemen,  
I never received  
any other notice  
from you prior to  
this one ??  
NWB

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