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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

03 NOV -3 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000019814

Name and Mailing Address

0003860 01 AT 0.292 **AUTO T6 0 0615 32827-681171



ROBLES REALTY, LLC
9671 SWEETLEAF STREET
ORLANDO FL 32827-6811



2. New Mailing Address

5058 South Conway Road

City, State, Zip

ORLANDO FL 32812

4. State/Country of Formation
FL

5. Date Organized or Qualified
To Do Business in Florida

11/16/2001

Principal Place of Business

3300 SOUTH HIAWASSEE ROAD
STE 106
ORLANDO FL 32835

3. New Principal Place of Business Address

5058 S. Conway Rd
City, State, Zip
Orlando FL 32812

6. FEI Number 27-0025506
59-3657531

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

SISSON, LARRY
218 SOUTHERN COUNTRY LANE
QUINCY FL 32351

9. Name and Address of New Registered Agent

Name MIRIAM M. ROBLES
Street Address (P.O. Box Number is Not Acceptable)
5058 Conway Road
City Orlando FL Zip Code 32812

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

Miriam M. Robles

Date 10/30/03

REGISTERED AGENT MUST SIGN

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
MGRM	ROBLES, MIRIAM M PRES	9671 SWEETLEAF STREET	ORLANDO FL 32827
MGRM	ROBLES, SERGIO V-P	9671 SWEETLEAF STREET	ORLANDO FL 32827

100024375481
11/03/03--01033--006 **150.00

REINSTATEMENT

03
JCC

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

Miriam M. Robles

Date 10/30/03

Daytime Phone # 321-377-6231

Typed or printed name of signing Managing Member/Manager

MIRIAM M. ROBLES

CR2E084 (7/03)