

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 DEC -9 AM 11:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L0100021434

**1. Limited Liability Company's Name**

Bobbie Weiner Enterprises L.L.C.

500138739729  
12/09/08--01026--005 \*\*138.75

CR2E041 (10/08)

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

2832 SE Loop 820

Suite, Apt. #, etc.

City & State

Ft Worth TX

Zip

76140

Country

USA

**3. Mailing Office Address**

PO Box 40827

Suite, Apt. #, etc.

City & State

Ft Worth TX

Zip

76140-0827

Country

USA

**4. State/Country of Formation**

Florida

**5. Date Organized or Qualified  
To Do Business in Florida**

12/11/2001

**6. FEI Number**

03-0377290

☐ 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

Michael Rubin CPA

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

5521 University Drive

Suite, Apt. #, Etc.

Suite 104

City

Coral Springs

State

FL

Zip Code

33067

☒ 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

REGISTERED AGENT MUST SIGN

Date 11-26-08

**10. Names and Street Addresses of Managing Members/Managers**

| Titles | Name of<br>Managing Members/Managers | Street Address of Each<br>Managing Member/Manager | City / State / Zip |
|--------|--------------------------------------|---------------------------------------------------|--------------------|
| MGRM   | Bobbie Weiner                        | 4300 Valley Crest Drive                           | Arlington TX 76013 |
|        |                                      |                                                   |                    |
|        |                                      |                                                   |                    |
|        |                                      |                                                   |                    |
|        |                                      |                                                   |                    |
|        |                                      |                                                   |                    |

REINSTATEMENT 08

**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

Date

12/5/08

Daytime Phone # 817-615-8610

Typed or printed name of signing Managing Member/Manager

Bobbie Weiner