

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2003 NOV 10 PM 4:12

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # L02000004214

1. Limited Liability Company's Name

SHAKESPEARE FINANCIAL, L.L.C.

200024576932
11/10/03--01120--003 **50.00

2. Principal Office Address

3410 Cullendale Dr

3. Mailing Office Address

3410 Cullendale Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33615

Country

USA

Zip

33615

Country

USA

4. State/Country of Formation

Florida

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

2/21/02

6. FEI Number

04-3621537

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

Jeffrey A. Dowd, P.A.

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

3016 US Highway 301 N

Suite, Apt. #, Etc.

Suite 900

City

Tampa

State

FL

Zip Code

33619

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

Date 11/05/03

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
mngrr	Nathaniel Bittman	3410 Cullendale Dr	Tampa, Florida 33615

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 11/05/03

Daytime Phone # 813-293-9390

Typed or printed name of signing Managing Member/Manager Nathaniel Bittman

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November 5, 2003

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Florida Department of State
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, Florida 32314

Re: Shakespeare Financial, LLC
L02000004214

Dear Sir/Madam:

Please be advised that Shakespeare Financial, LLC did not receive its 2003 Uniform Business Report and was recently advised that the company had been dissolved for failure to file its UBR and pay the annual filing fee. Enclosed please find an Application for Reinstatement along with the required annual filing fee of \$50.00. At this time I would ask that you please waive the \$100.00 reinstatement fee as Shakespeare Financial, LLC did not previously receive the Uniform Business Report.

Should you have any questions, please call.

Sincerely,

SHAKESPEARE FINANCIAL, LLC


Nathaniel Bittman