

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 MAY 17 PM 4:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000009118

1. Limited Liability Company's Name

BUSBY, MILLER AND ASSOCIATES LLC

CR2E041 (1/07)

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

8061 Pennsylvania Blvd

Suite, Apt. #, etc.

3. Mailing Office Address

842 South St.

Suite, Apt. #, etc.

City & State

Ft. Myers FL

Zip

33912

Country

USA

City & State

Ft. Myers Beach FL

Zip

33931

Country

USA

4. State/Country of Formation

FL / USA

5. Date Organized or Qualified

To Do Business in Florida 4/15/2002

6. FEI Number

010677876

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

Darian Busby

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

8061 Pennsylvania Blvd

Suite, Apt. #, Etc.

City

Ft Myers

State

FL

Zip Code

33912

☐ 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 5-4-07

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
<u>MAN</u>	<u>Greg Miller</u>	<u>133 Washington Ave</u>	<u>Ft. Myers Beach FL 33931</u>
<u>MAN</u>	<u>Justin Busby</u>	<u>842 South St.</u>	<u>Ft. Myers Beach FL 33931</u>
			<u>400103197504</u>
			<u>05/24/07--01024--017 **250.00</u>
			<u>REINSTATEMENT 0507</u>

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 5/4/07

Daytime Phone # 239-707-9785

Typed or printed name of signing Managing Member/Manager

Justin Busby