

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 OCT 19 PM 2:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000111362640
10/25/07--01048--017 **250.00
CR2E041 (1/07)

DOCUMENT # L02000012746

1. Limited Liability Company's Name

Robinson Excel Services

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

2800 University Blvd S

Suite, Apt. #, etc.

Apt #143

City & State

Jacksonville, FL

Zip

32216

Country

USA

3. Mailing Office Address

P.O. Box 43341

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32203

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

10-16-07

6. FEI Number

26-1238264

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

Willie Dewitt Robinson II

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

2800 University Blvd S.

Suite, Apt. #, Etc.

Apt 143

City

Jacksonville

State

FL

Zip Code

32216

☒ 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

Willie Dewitt Robinson II

REGISTERED AGENT MUST SIGN

Date 10/19/07

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
MGRM	Willie Dewitt Robinson II	2800 University Blvd S Apt 143	Jacksonville, FL 32203
REINSTATEMENT			
2003-2007	DB		

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

Willie Dewitt Robinson II

Date

10/19/07

Daytime Phone #

904-536-5556

Typed or printed name of signing Managing Member/Manager