

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 AUG 31 AM 10:34

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**800211614868
08/31/11--01002--018 **1210.00**

CR2E041 (1/11)

DOCUMENT # L02000017670

1. Limited Liability Company's Name

L2w office of Charles E. Hobbs, LLC

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

602 North Adams St.

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Tallahassee, Florida

City & State

Zip

32301

Country

Zip

Country

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

010688282

☐ 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

Vivian L. Hobbs

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

3214 Yeats Avenue (Yeats Avenue)

Suite, Apt. #, Etc.

Tallahassee Florida 32314

City

State

FL

Zip Code

E-mail Address:

Chuckhobbsl2w@y2hoo.com

(To be used for future annual report notices)

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

Vivian L. Hobbs

Date 31 Aug 2011

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
Mmbr	Charles Hobbs	602 N. Adams Street	Tallahassee, FL 32301

REINSTATEMENT 04-11

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

[Signature]

Date 8/31/11

Daytime Phone # (850) 219-1625

Typed or printed name of signing Managing Member/Manager

N. Culligan AUG 31 2011