

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

**DOCUMENT # L02000020318**

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

**FLORIDA BUSINESSMAN, LLC**

2004 MAR 31 P 10: 52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

400028055924  
02/02/04--01090--006 \*\*175.00

**2. Principal Office Address**

**1704 Paradise Dr**

Suite, Apt. #, etc.

**3. Mailing Office Address**

**1704 Paradise Dr**

Suite, Apt. #, etc.

**City & State**

**Kissimmee, FL**

**City & State**

**Kissimmee, FL**

**Zip**

**34741**

**Country**

**Osceola**

**Zip**

**34741**

**Country**

**Osceola**

**4. State/Country of Formation**

**Florida / Broward**

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

**08-08-2002**

**6. FEI Number**

**421578534**

**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**

**Ronald L Robison Sr**

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

**1704 Paradise Dr**

Suite, Apt. #, Etc.

**City**

**Kissimmee**

**State**

**FL**

**Zip Code**

**34741**

**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**

*Ronald L Robison Sr*

**REGISTERED AGENT MUST SIGN**

**Date 01-23-2004**

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

<b>Titles</b>	<b>Name of Managing Members/Managers</b>	<b>Street Address of Each Managing Member/Manager</b>	<b>City / State / Zip</b>
<b>MGR</b>	<b>Ronald L Robison Sr</b>	<b>1704 Paradise Dr</b>	<b>Kissimmee, FL 34741</b>
<b>MGR</b>	<b>Sandra Britt Robison</b>	<b>1704 Paradise Dr</b>	<b>Kissimmee, FL 34741</b>

**REINSTATEMENT** 03-04  
dca

**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**

*Ronald L Robison Sr*

**Date 01-23-2004**

**Daytime Phone # (407) 846-3355**

**Typed or printed name of signing Managing Member/Manager**

**Ronald L Robison Sr**

CR2EM1 (10/02)