

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2016 APR -6 P 12:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000001069

1. Limited Liability Company's Name

Liberty Management, LLC

2. Principal Office Address - No P.O. Box #
1827 Harrison Ave.

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32804

Country

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

CR2E041 (1/14)

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

1/7/2003

6. FEI Number

57-1191368

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

Kurt Forrest Brewer, Esq.

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

147 E. Lyman Ave.

Apt. #, Etc.

Suite A

City

Winter Park

State

FL

Zip Code

32789

700284272617
04/06/16--01013--005 **1096.25

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 4/6/16

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	Kimberly F. Kephart	1827 Harrison Ave.	Orlando, FL 32804

11. E-mail Address: kimkep@mac.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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 authorized representative/member

Date 4-6-16

Daytime Phone #

407-286-0028

Typed or printed name of signing authorized representative/member

Kurt Forrest Brewer

**CORPORATE
ACCESS,
INC.**

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236 East 6th Avenue, Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: 4/5 GLINDA

- ☐ CERTIFIED COPY _____
- ☒ PHOTOCOPY _____
- ☐ CUS _____
- ☒ FILING LLC REINSTATEMENT

1. LIBERTY MANAGEMENT, LLC
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

File 1st

SPECIAL INSTRUCTIONS:

