

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 JUL 24 PM 12:12

**DOCUMENT # L0300001948**

1. Limited Liability Company's Name

THE TUMBLEBUS, LLC

CR2E041 (12/07)

<b>2. Principal Office Address - No P.O. Box #</b> 1105 GWALTNEY PLACE Suite, Apt. #, etc.		<b>3. Mailing Office Address</b> P.O. BOX 28 Suite, Apt. #, etc.	
City & State DOVER, FL		City & State SYDNEY, FL	
Zip 33527	Country US	Zip 33587	Country US

<b>4. State/Country of Formation</b> FLORIDA	
<b>5. Date Organized or Qualified To Do Business in Florida</b> 1/16/2003	
<b>6. FEI Number</b> 71-0927871	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$5.00 Additional Fee required for a Certificate of Status</b>	

<b>8. Name and Address of Current Registered Agent</b>			
Name SHIRLEY A. POPE			
Street Address (P.O. Box Number is Not Acceptable) 1105 GWALTNEY PLACE			
Suite, Apt. #, Etc.			
City DOVER	State FL	Zip Code 33527	

☒ 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

*Shirley Pope*

REGISTERED AGENT MUST SIGN

Date *7-2-08*

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
MGMR	SHIRLEY A. POPE	1105 GWALTNEY PLACE	DOVER, FL 33527

000132473740  
07/08/08--01020--015 \*\*485.00

**REINSTATEMENT** *10-08*

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

*Shirley Pope*

Date *7-2-08* Daytime Phone #

Typed or printed name of signing Managing Member/Manager

*Shirley Pope*