

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

10 AUG 18 AM 10:14

DOCUMENT # L03000006796

1. Limited Liability Company's Name

RASCBLOOM ASSOCIATES LLC

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box #
516 LAKEVIEW ROAD

3. Mailing Office Address
516 LAKEVIEW ROAD

Suite, Apt. #, etc.

VILLA III

Suite, Apt. #, etc.

VILLA III

City & State

CLEARWATER, FL

City & State

CLEARWATER, FL

Zip

33756

Country

USA

Zip

33756

Country

USA

4. State/Country of Formation

FLORIDA/USA

5. Date Organized or Qualified
To Do Business in Florida

2/24/2003

6. FEI Number

27-3126658

☐ 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

ROBERT J. BANKS

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

516 LAKEVIEW ROAD

Suite, Apt. #, Etc.

VILLA III

City

CLEARWATER

State

FL

Zip Code

33756

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08/16/10--01004--019 **1071.25

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

Robert J. Banks

Date **7/30/10**

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
MGR	ROBERT J. BANKS	516 LAKEVIEW ROAD-VILLA III	CLEARWATER, FL 33756

REINSTATEMENT 2004-2010

11. E-mail Address: **MPEPPI@SEMINOLEFINANCIALSERVICES.COM**

(To be used for future annual report notifications)

12. 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

Robert J. Banks

Date **7/30/10**

Daytime Phone #

727-331-8447

Typed or printed name of signing Managing Member/Manager **ROBERT J. BANKS**