

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L 03000028996**

1. Limited Liability Company's Name

R+B, LLC

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

96 CEDAR DUNES DR

Suite, Apt. #, etc.

City & State

NEW SMYRNA BEACH, FL.

Zip

32169

Country

VOLUNIA

3. Mailing Office Address

96 CEDAR DUNES DR.

Suite, Apt. #, etc.

City & State

NEW SMYRNA BEACH, FL.

Zip

32169

Country

VOLUSIA

8. Name and Address of Current Registered Agent

Name **RICHARD CARLO**

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

96 CEDAR DUNES DR.

Suite, Apt. #, Etc.

City

NEW SMYRNA BEACH, FL.

State

FL

Zip Code

32169

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

REGISTERED AGENT MUST SIGN

Date **NOV 18th 2008**

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
MNG.	RICHARD CARLO	96 CEDAR DUNES DR.	NEW SMYRNA BEACH, FL. 32169

REINSTATEMENT 07-08

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

Date **11/18/08** Daytime Phone# **386-690-9696**

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

FILED
08 NOV 21 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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