

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1500

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2007 APR -5 AM 9:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000045223

1. Limited Liability Company's Name

Robin L. Green, E.A., LLC

CR2E041 (1/07)

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

571 Starstone Dr

Suite, Apt. #, etc.

City & State

Lake Mary FL

Zip

32746

Country

USA

3. Mailing Office Address

P.O. Box 953284

Suite, Apt. #, etc.

City & State

Lake Mary, FL

Zip

32795-3794

Country

USA

4. State/Country of Formation

FLORIDA / USA

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

11/3/03

6. FEI Number

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

Robin L. Green

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

571 Starstone Dr

Suite, Apt. #, Etc.

City

Lake Mary

State

FL

Zip Code

32746

☒ 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

Robin L. Green

Date

4/3/07

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
MGRM	Robin L. Green	571 Starstone Dr	Lake Mary, FL 32746

100096484691
04/11/07--01027--014 **150.00

REINSTATEMENT 05-07

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

Robin L. Green

Date

3/20/07

Daytime Phone #

407-625-5199

Typed or printed name of signing Managing Member/Manager

Robin L. Green