

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 APR 30 AM 10:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 1030000 47205

1. Limited Liability Company's Name

FLORIDA BIZ LLC

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

5921 Lakewood

Suite, Apt. #, etc.

City & State

WEST BLOOMFIELD, OH

Zip

48322

Country

OAKLAND

3. Mailing Office Address

110 34<sup>th</sup>

Suite, Apt. #, etc.

#1B

City & State

HELENA BOCH

Zip

90254

Country

L.A

4. State/Country of Formation

5. Date Organized or Qualified  
To Do Business in Florida

11/28/2003

6. FEI Number

200456243

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

KEN GREENBERG

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

17200 GULF BLVD

Suite, Apt. #, Etc. #102

City

ST. PETERSBURGH

State

FL

Zip Code

3378

☒ 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

REGISTERED AGENT MUST SIGN

Date

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
<u>PRES</u>	<u>KEN GREENBERG</u>	<u>110 34<sup>th</sup> #1B</u>	<u>HELENA BOCH CA 90254</u>

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

4-18-07

Daytime Phone #

727-693-0190

Typed or printed name of signing Managing Member/Manager

KEN GREENBERG

727-693-0190