

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 DEC -6 PM 2:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name

LO3000048082
Robert T. Leimert LLC

2. Principal Office Address

102 CAROLINA

Suite, Apt. #, etc.

Landerkv. 1128/

City & State

Kla

Zip

32322 Frankli

Country

3. Mailing Office Address

P.O. BOX 151

Suite, Apt. #, etc.

Superhappy

City & State

Kla, 32358

Zip

32358 Lakel

Country

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

11/26/03

6. FEI Number

27-0072509

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 Ben Henderson

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

102 CAROLINA ST

Suite, Apt. #, Etc.

Kla, 32322

City

Franklin

State

FL

Zip Code

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 Ben Henderson

Date

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	Kellie Henderson	P.O. BOX 151 Superhappy	Kla, 32358
mgrm	Robert Henderson	P.O. BOX 151 Superhappy	Kla, 32358
			800082465578
			12/12/06--01/01/07--0000 \$155.00
			2006
			2006
			2006
			REINSTATEMENT

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

Robert Ben Henderson

Date 12-06

Daytime Phone # 519-0738

Typed or printed name of signing Managing Member/Manager

I did not receive annual report
for the year 2004

Robert L. Hendon

12-06-06