

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 13 PM 3:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000050830

1. Limited Liability Company's Name

Robert Bozeman Services, LLC

CR2E041 (8/05)

2. Principal Office Address

7499 NE 132 PL Citra

Suite, Apt. #, etc.

City & State

Citra

Zip

Country

Marion

3. Mailing Office Address

Po Box 853 Belleview

Suite, Apt. #, etc.

City & State

Belleview

Zip

Country

34421 Marion

4. State/Country of Formation

FL - Marion

5. Date Organized or Qualified
To Do Business in Florida

7-97

6. FEI Number

264-93-6783

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 Bozeman

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

7499 NE 132 PL

Suite, Apt. #, Etc.

City

Citra

State

FL

Zip Code

32113

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

Rob Boz

Date 11-7-06

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
	<u>Robert Bozeman</u>	<u>7499 NE 132 PL</u>	<u>Citra FL 32113</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

Rob Boz

Date 11-29-06

Daytime Phone # 352-427-9598

Typed or printed name of signing Managing Member/Manager

Robert Bozeman