

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUL 10 AM 11:02

DOCUMENT # L03000055353

1. Limited Liability Company's Name

David A. Bowman, LLC

2. Principal Office Address

717-205 SW 75th Street

Suite, Apt. #, etc.

City & State

Gainesville, FL 32607

Zip

32607

Country

United States

3. Mailing Office Address

717-205 SW 75th Street

Suite, Apt. #, etc.

City & State

Gainesville, FL 32607

Zip

32607

Country

United States

CR2E041 (8/05)

4. State/Country of Formation

Florida / United States

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

12/22/03

6. FEI Number

43-2037789

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

David A. Bowman

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

717-205 SW 75th Street

Suite, Apt. #, Etc.

City

Gainesville

State

FL

Zip Code

32607

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**

Date 7/7/06

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
Mgr	David A. Bowman	717-205 SW 75th Street	Gainesville, FL 32607
			500077521286 07/14/06--01033--004 **250.00
			REINSTATEMENT 04-06

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 7/7/06

Daytime Phone # 352-316-2993

Typed or printed name of signing Managing Member/Manager David A. Bowman