

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

05 OCT 31 AM 11:01

DOCUMENT # L03000056304

1. Limited Liability Company's Name

Yockenfloster, LLC

10/31/05--01003--013 \*\*350.00

300061034093

10/31/05--01003--013 \*\*350.00

CR2E041 (8/05)

2. Principal Office Address

235 North Garden Ave

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Clearwater

City & State

Clearwater

Zip

33755

Country

USA

Zip

Country

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

12/17/2003

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

James Schwartz

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

235 North Garden Ave

Suite, Apt. #, Etc.

City

Clearwater

State

FL

Zip Code

33755

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 10/12/2005

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
MGMR	James Schwartz	235 No. Garden Ave	Clearwater, FL 33755
MGMR	Steve Schwartz	"	"

REINSTATEMENT 2005

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

10/12/2005

Daytime Phone #

727 441 3334

Typed or printed name of signing Managing Member/Manager

James Schwartz