


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**07 OCT 17 PM 3:31**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 204 00066 22 08

1. Limited Liability Company's Name  
**R.L. BUTRUM, JR LLC**

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box # <b>4475 ASHTON ROAD</b>		3. Mailing Office Address <b>4475 ASHTON ROAD</b>	
Suite, Apt. #, etc. <b>A</b>		Suite, Apt. #, etc. <b>A</b>	
City & State <b>SARASOTA, FLORIDA</b>		City & State <b>SARASOTA, FLORIDA</b>	
Zip <b>34233</b>	Country <b>US</b>	Zip <b>34233</b>	Country <b>US</b>

4. State/Country of Formation <b>FLORIDA/US</b>	
5. Date Organized or Qualified To Do Business in Florida	
6. FEI Number <b>20-0578142</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name  
**RONALD L BUTRUM, JR**

Street Address (P.O. Box Number is Not Acceptable)  
**4748 VERNA BETHANY ROAD**

Suite, Apt. #, Etc.

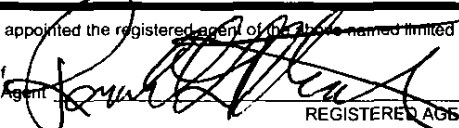
City  
**MYAKKA**

State  
**FL**

Zip Code  
**34251**

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  Date **OCTOBER 4, 2007**

REGISTERED AGENT MUST SIGN

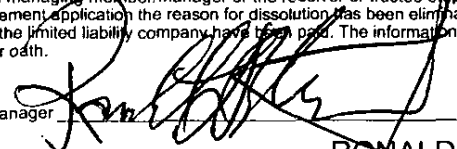
10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	RONALD L BUTRUM, JR	4748 VERNA BETHANY ROAD	MYAKKA, FLORIDA 34251

05-07

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  Date **OCTOBER 4, 2007** Daytime Phone# **941-915-5343**

Typed or printed name of signing Managing Member/Manager **RONALD L BUTRUM, JR**