

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

OCT -9 AM 10:01

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000019791

1. Limited Liability Company's Name

STEVE AND REBECCA ENTERPRISE LLC

2. Principal Office Address

8017 E. Hampton Pt Rd

Suite, Apt. #, etc.

City & State

Inverness, FL

Zip

34450

Country

Citrus

3. Mailing Office Address

8017 E. Hampton Pt Rd

Suite, Apt. #, etc.

City & State

Inverness, FL

Zip

34450

Country

Citrus

CR2E041 (8/05)

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

03/15/2004

6. FEI Number

20-3660092

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

Stephen E. Martin

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

8017 E. Hampton Pt Rd

Suite, Apt. #, Etc.

City

Inverness

State

FL

Zip Code

34450

600080647546
10/10/06--01009--038 **200.00

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

Stephen E. Martin

REGISTERED AGENT MUST SIGN

Date

10/5/06

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	Stephen E. Martin	8017 E. Hampton Pt Rd	Inverness, FL 34450
MGR	Rebecca L. Martin	8017 E. Hampton Pt Rd	Inverness, FL 34450

REINSTATEMENT 05-06

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

Rebecca Martin

Date

10/5/06

Daytime Phone # (352) 344-2583

Typed or printed name of signing Managing Member/Manager

Rebecca Martin