

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

10 JAN 11 PM 4:06

DOCUMENT # L04000021973

1. Limited Liability Company's Name

Reaburn Development LLC

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box # <u>1520 SE 11th STREET</u>		3. Mailing Office Address <u>1520 SE 11th STREET</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>Deerfield Bch, FL</u>		City & State <u>Deerfield Bch, FL</u>	
Zip <u>33441</u>	Country <u>USA</u>	Zip <u>33441</u>	Country <u>USA</u>

4. State/Country of Formation <u>FLORIDA USA</u>	
5. Date Organized or Qualified To Do Business in Florida <u>3/23/2004</u>	
6. FEI Number <u>201767812</u>	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name
RAYMOND GREAVES

Street Address (P.O. Box Number is Not Acceptable)
1520 SE 11th ST

Suite, Apt. #, Etc.

City
Deerfield Bch State FL Zip Code 33441

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 [Signature] Date 11/23/09

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
MGRM	<u>RAYMOND GREAVES</u>	<u>1520 SE 11th ST</u>	<u>Deerfield Bch FL 33441</u>
MGRM	<u>John Washburn</u>	<u>4699 N Fed Hwy</u>	<u>Pompano Bch FL 33064</u>
			<u>600163134120</u>
			<u>11/30/09-01073-007 **230.75</u>
<u>REINSTATEMENT 2008, 2009</u>			<u>01/12/10--01017--014 **138.75</u>

11. E-mail Address: FreedomRay@nol.com
(To be used for future annual report notifications)

12. 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 [Signature] Date 11/23/09 Daytime Phone # 954-818-9565

Typed or printed name of signing Managing Member/Manager _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

10 JAN 11 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

December 3, 2009

REABURN DEVELOPMENT, LLC
1520 SE 11TH ST
DEERFIELD BEACH, FL 33441

SUBJECT: REABURN DEVELOPMENT, LLC
Ref. Number: L04000021973

We have received your document for REABURN DEVELOPMENT, LLC and check(s) totaling \$238.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$138.75. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The name of the above referenced limited liability company is no longer available. Please file an amendment changing the name of this entity. The fee to file an amendment is \$25.00.

In order to complete your filings, both the reinstatement application and name change amendment must be submitted together along with the applicable fees for processing.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 809A00037041