

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 OCT 20 AM 10:45

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **LO4000022224**

1. Limited Liability Company's Name

RIVERBEND LLC.

CR2E041 (8/05)

2. Principal Office Address 1272 E. 113TH AVE Suite, Apt. #, etc. 205 City & State TAMPA, FL Zip 33612		3. Mailing Office Address ← SAME Suite, Apt. #, etc. ← SAME City & State ← SAME Zip ← SAME	
Country Hillsborough		Country ← SAME	

4. State/Country of Formation FL	
5. Date Organized or Qualified To Do Business in Florida 3/14/2004	
6. FEI Number 77-0624746	Applied For <input type="checkbox"/> Not Applicable <input checked="" 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 LIAM BRIEN	
Street Address (P.O. Box Number is Not Acceptable) 1272 E. 113TH AVE APT # 205	
Suite, Apt. #, Etc. 205	
City TAMPA	State FL
Zip Code 33612	

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

REGISTERED AGENT MUST SIGN

Date **10/10/06**

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	LIAM BRIEN	1272 E. 113TH AVE APT 205	Tampa, FL, 33612

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REINSTATEMENT
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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 **10/10/06** Daytime Phone # **(813) 451-7616**

Typed or printed name of signing Managing Member/Manager

LIAM BRIEN