

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

07 MAY 18 PM 2:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L04000022838

1. Limited Liability Company's Name

**BILL SABART, LLC**

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #  
**202 2ND ST.**

3. Mailing Office Address  
**202 2ND ST.**

Suite, Apt. #, etc.  
**#D**

Suite, Apt. #, etc.  
**#D**

City & State  
**FORT MYERS FL**

City & State  
**FORT MYERS FL**

Zip  
**33907**

Country  
**US**

Zip  
**33907**

Country  
**US**

State/Country of Formation  
**FLORIDA**

5. Date Organized or Qualified  
To Do Business in Florida

6. FEI Number

Applied For

☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Add'l fee required  
for a Certificate of Status

**8. Name and Address of Current Registered Agent**

Name  
**BILL R SABART**

Street Address (P.O. Box Number is Not Acceptable)  
**202 2ND ST.**

Suite, Apt. #, Etc.  
**#D**

City  
**FORT MYERS**

State  
**FL**

Zip Code  
**33907**

☒ 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

*Devin Quoman*

Date **4/30/07**

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	BILL R SABART	202 2ND ST., #D	FORT MYERS FL 33907
			300103287943
			05/25/07--01024--007 **150.00

**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

*Bill Sabart*

Date **4-30-07**

Daytime Phone **239-878-4767**

Typed or printed name of signing Managing Member/Manager

**BILL SABART**

FILED

**BILL SABART- DOC# L04000022838  
04-16-2007**

07 MAY 18 PM 2:45

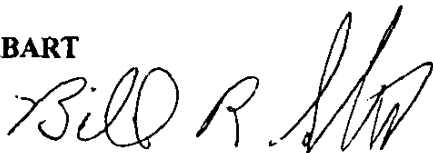
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**TO WHOM IT MAY CONCERN,**

**I AM ENCLOSING MY REINSTATEMENT FORM FOR MY CORPORATION. I NEVER RECEIVED THE RENEWAL NOTIFICATION FOR MY CORPORATION FOR THE YEARS OF 2005, 2006, OR 2007. THE INSTRUCTIONS FOR REINSTATEMENT INDICATE THAT IF I DID NOT RECEIVE PROIR NOTICE, TO PUT THIS IN WRITING AND THE REINSTATEMENT FEE WOULD BE WAIVED.**

**THANK YOU FOR YOUR ASSISTANCE IN THIS MATTER.**

**SINCERELY,  
BILL SABART**

A handwritten signature in black ink, appearing to read "Bill R. Sabart", written in a cursive style.