

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 SEP 17 AM 9:58

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000057927

1. Limited Liability Company's Name

OBEJA Publishing, LC

200185595572
09/17/10--01034--008 **387.50

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box #

2624 FORTWORTH STREET

3. Mailing Office Address

Suite, Apt. #, etc.

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

8-5-2004

6. FEI Number

201461680

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

\$10.00 FOR 2 certificates

8. Name and Address of Current Registered Agent

Name

MARIA A. WESENBERG

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

2624 FORTWORTH STREET

Suite, Apt. #, Etc.

City

SARASOTA, FLORIDA

State

FL

Zip Code

34231

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

MARIA A. WESENBERG

REGISTERED AGENT MUST SIGN

Date

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
X MGRN	Maria A. Wesenberg	2624 FORTWORTH STREET	SARASOTA, FL. 34231
X MGRN	ANIT FORD	5268 McCallum TERR.	SARASOTA, FL. 34231
REINSTATEMENT 2009-2010			

11. E-mail Address:

(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

X MARIA A. WESENBERG

Date

Daytime Phone #

(H) 924-5239

(C) 400-5769

Typed or printed name of signing Managing Member/Manager

MARIA A. WESENBERG