

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2010 MAR 23 PM 2:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L04000062419

1. Limited Liability Company's Name

ANDREWS AVENUE BAR LLC

500172330785  
03/16/10--01034--018 \*\*555.00

CR2E041 (11/09)

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

109 ROAD 8WC

Suite, Apt. #, etc.

3. Mailing Office Address

PO BOX 510

Suite, Apt. #, etc.

City & State

POWELL WYOMING.

City & State

POWELL WYOMING.

Zip

82435

Country

USA

Zip

82435

Country

USA.

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

AUGUST 23, 2004

6. FEI Number

90-0194200

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

LINDA C. ROBERTS c/o LINDA PEACOCK

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

1284 S.W. 117 WAY

Suite, Apt. #, Etc.

City

DAVIE

State

FL

Zip Code

33325

☒ 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

Linda C. Roberts

REGISTERED AGENT MUST SIGN

Date 3/10/2010

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
<u>MEM</u>	<u>LINDA C. ROBERTS</u>	<u>109 ROAD 8WC</u>	<u>POWELL WYO 82435</u>

**REINSTATEMENT**

11. E-mail Address: wyo-trauma dog @ hot mail . 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

LC Roberts

Date 3/10/2010

Daytime Phone # 307-202-1140

Typed or printed name of signing Managing Member/Manager