

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**L04000064426**

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
07 SEP 24 AM 8:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L04000064426**

1. Limited Liability Company's Name

**Norbert F. Sawitzki, LLC 06**

BK

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box # <b>112 Laurel Tree Way</b>		3. Mailing Office Address <b>112 Laurel Tree Way</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Brandon, FL</b>		City & State <b>Brandon, FL</b>	
Zip <b>33511</b>	Country <b>Hillsborough</b>	Zip <b>33511</b>	Country <b>Hillsborough</b>

4. State/Country of Formation <b>FLORIDA</b>	
5. Date Organized or Qualified To Do Business in Florida <b>8-30-04</b>	
6. FEI Number <b>N/A</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
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 <b>Norbert Sawitzki</b>		
Street Address (P.O. Box Number is Not Acceptable) <b>112 Laurel Tree Way</b>		
Suite, Apt. #, Etc.		
City <b>Brandon</b>	State <b>FL</b>	Zip Code <b>33511</b>

☐ 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 **Norbert Sawitzki** Date **9/10/07**  
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
<b>MEM</b>	<b>Norbert Sawitzki</b>	<b>112 Laurel Tree Way</b>	<b>Brandon, FL, 33511</b>
			<b>900110206593</b>
			<b>10/03/07--01009--009 **200.00</b>

**REINSTATEMENT**

**2006-2007**

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 **Norbert Sawitzki** Date **9/10/07** Daytime Phone # **813 918-3476**

Typed or printed name of signing Managing Member/Manager **Norbert Sawitzki**