

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 NOV 24 PM 2:57

DOCUMENT # L04000064426

1. Limited Liability Company's Name

Norbert F. Sawitzki, LLC

700163078147
11/24/09--01019--023 **138.75

CR2E041 (10/09)

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

112 Laurel Tree Way

Suite, Apt. #, etc.

3. Mailing Office Address

SAME AS PRINCIPLE

Suite, Apt. #, etc.

4. State/Country of Formation

Florida

5. Date Organized or Qualified

To Do Business in Florida 08/30/04

6. FEI Number

Applied For

☒ Not Applicable

\$5.00 Additional Fee
required for a
Certificate of Status

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name

Norbert F. Sawitzki

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

112 Laurel Tree Way

Suite, Apt. #, Etc.

City

Brandon,

State

FL

Zip Code

33511



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 fee 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 F. Sawitzki

Date

11/17/09

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	Norbert F. Sawitzki	112 Laurel Tree Way	Brandon, FL 33511

REINSTATEMENT 2009

11. E-mail Address:

(To be used for future annual report notifications)

12. I certify that I am a managing member/manager or the receiver or trustee empowered to execute this application as provided 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 F. Sawitzki

Date

11/17/09

Daytime Phone #

813-918-3426

Typed or printed name of signing Managing Member/Manager

Norbert Sawitzki