

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 NOV 29 AM 11:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

DOCUMENT # L04000072874

1. Limited Liability Company's Name

John Gilbert LLC

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

338 White Oak Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

Same

City & State

Crawfordville, FL

City & State

Zip

Country

32327

US

Zip

Country

4. State/Country of Formation

5. Date Organized or Qualified  
To Do Business in Florida

6. FEI Number

☒ 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

John Gilbert

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

338 White Oak Dr.

Suite, Apt. #, Etc.

City

Crawfordville

State

FL

Zip Code

32327

☒ 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

*John Gilbert*

REGISTERED AGENT MUST SIGN

Date 11-29-07

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
MEM	John Gilbert	338 White Oak Dr. Crawfordville FL 32327	
			900112716749 11/30/07--01012--010 **100.00

REINSTATEMENT 2006-07

14. 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

*John Gilbert*

Date 11-29-07 Daytime Phone #

Typed or printed name of signing Managing Member/Manager