

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L 04000074263.

1. Limited Liability Company's Name

AGB 101 BOWNESS ROAD LLC.

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

340 FRANKLYN ST

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 996

Suite, Apt. #, etc.

City & State

OCOE FLORIDA

City & State

OCOE - FLORIDA

Zip

34761

Country

ORANGE

Zip

34761

Country

ORANGE

4. State/Country of Formation

FLORIDA / USA

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

65-1239668

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

WILLIAM ARMAS

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

340 FRANKLIN ST

Suite, Apt. #, Etc.

City

OCOE

State

FL

Zip Code

34761

☐ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date

12/28/09

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:	MIRIAM ARMAS	340 FRANKLYN ST	OCOE FL 34761

REINSTATEMENT

2006-2009

S. HAWKES

JAN 4 2010

EXAMINER

11. E-mail Address: AGB 101 BOWNESS@HOTMAIL.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

[Signature]

Date

NOV/30/09

Daytime Phone #

(407) 575-3929

Typed or printed name of signing Managing Member/Manager

MIRIAM ARMAS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 10, 2009

AGB 101 BOWNESS ROAD LLC
PO BOX 996
OCOE, FL 34761

SUBJECT: AGB 101 BOWNESS ROAD LLC
Ref. Number: L04000074263

We have received your document for AGB 101 BOWNESS ROAD LLC and your check(s) totaling \$655.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to s. 620.1810 or 620.1909, F.S., the registered agent must sign the reinstatement.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes
Regulatory Specialist II

Letter Number: 209A00037714