## PLEASE READ ALL INSURUCTIONS BEFORE COMPLETING THIS FORM.

COMPANY REINSTATEMENT  COMPANY  REINSTATEMENT  COMPANY  C							FILED  07 MAY 23 PM 12: 21  SECT.	
DOCUMENT # LO400086586 1. Limited Liability Company's Name							SECILLIA LA	
GEORGE BUBENHEIM, LLC.								
2. Principal Office Address - No P.O. Box # 2938 TAMARIND DR. 2938				ng Office Address TAMARIND DR.		CR2E041 (1/07)		
Suite, Apt. #	i, etc.		Suite, Apt. #, etc.			FLORIDA  5. Date Organized or Qualified To Do Business in Florida 12/01/2004		
EDGEWATER, FL			EDGEWATER, FL			6. FEI Number Applied For 3∞170724 Not Applicable		
<sup>2</sup> 3214	11	USA .	32141		ÜSA	7.	\$5.00 Additional Fee required for a Certificate of Status	
Name and Address of Current Registered Agent  Name GEORGE BUBENHEIM  Street Address (P.O. Box Number is Not Acceptable) 2938 Tamarind Drive  Suite, Apt. #, Etc.  City EDGEWATER  State FL 32141						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 a Signature of Registered Agent REGISTERED AGENT MUST SIGN						accept the obliga	tions of Chapter 608, F.S.  Date 5//5 /07	
10. Name	es and Street	Addresses of Managing Merr	bers/Managers				T	
Titles	es Name of Managing Members/ Managers		rs	Street Address of Each Managing Member/Mana			City / State / Zip	
MGRM	GEORGE BUBENHEIM			2938 TAMARIND DR.			EDGEWATER, FL 32141	
						05/31/	D103604020 9701019014 **250.00	
	RF						TATEMENT	
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 filling 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 A Lenge G. Buterslein Date 5//5/07 Daytime Phone #386-479-2288								
Managing N	Managing Member/Manager A Junice G. Bullian Date 5/15/07 Daytime Phone #386-479-2288  Typed or printed name of signing Managing Member/Manager GEORGE BUBENHEIM							