

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
DEC -4 AM 11:43
TALLAHASSEE

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000086729

1. Limited Liability Company's Name

The Renovator, L.L.C.

CR2E041 (10/08)

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

6947 Bismarck Road

Suite, Apt. #, etc.

City & State

Cocoa

Zip

32927

Country

USA

3. Mailing Office Address

6947 Bismarck Road

Suite, Apt. #, etc.

City & State

Cocoa

Zip

32927

Country

USA

4. State/Country of Formation
Florida/USA

5. Date Organized or Qualified
To Do Business in Florida 12/02/04

6. FEI Number
562491156

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
Toby J. McKibben

Street Address (P.O. Box Number is Not Acceptable)
6947 Bismarck Road

Suite, Apt. #, Etc.

City
Cocoa

State
FL

Zip Code
32927

☐ 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

REGISTERED AGENT MUST SIGN

Date October 21, 2008

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
mgr	Toby McKibben	6947 Bismarck Road	Cocoa, FL 32927

REINSTATEMENT
2007-08

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

Date 10/21/08

Daytime Phone # 321/794-9501

Typed or printed name of signing Managing Member/Manager Toby McKibben



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 30, 2008

THE RENOVATOR, L.L.C.
6947 BISMARCK ROAD
COCOA, FL 32927

SUBJECT: THE RENOVATOR, LLC
Ref. Number: L04000086729

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

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

We are enclosing the proper form(s) with instructions for your convenience.

If you have additional questions or need further assistance, please call (850) 245-6059.

Division of Corporations

Letter Number: 908A00055591