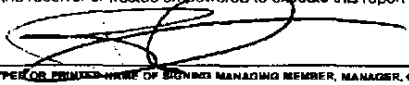


2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000022128			
1. Entity Name COREY MYERS, LLC			
Principal Place of Business 3602 N. BOULEVARD TAMPA, FL 33603 US		Mailing Address 3602 N. BOULEVARD TAMPA, FL 33603 US	
2. Principal Place of Business - No P.O. Box # 3602 N. BOULEVARD		3. Mailing Address 3602 N. BOULEVARD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State TAMPA, FL		City & State TAMPA, FL	
Zip 33603	Country HILLSBOROUGH	Zip 33603	Country HILLSBOROUGH
6. Name and Address of Current Registered Agent MYERS, COREY 3602 N. BOULEVARD TAMPA, FL 33603		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
		Make check payable to: Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MYERS, COREY 3602 N. BOULEVARD TAMPA, FL 33603 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
REINSTATEMENT			
2006-2007			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.			
SIGNATURE: 		Date: 9-11-07 813-932-5244	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

FILED

07 SEP 11 AM 8:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DB



09112007 REIN-LLC CR2E101 (1/07)

4. FEI Number
595762985 Applied For
Not Applicable5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

Florida Department of State

Division of Corporations

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To:

Division of Corporations

Fax Number : (850) 205-0383

From:

Account Name : CONTRACTORS REPORTING SERVICES, INC.

Account Number : I20050000099

Phone : (813) 932-5244

Fax Number : (813) 932-3782

LIMITED LIABILITY REINSTATEMENT

COREY MYERS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
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TALLAHASSEE, FLORIDA