

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**FILED**

09 OCT 21 AM 10:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L05000035467

1. Limited Liability Company's Name

240 Power Court LLC

900161901509  
10/19/09--01064--009 \*\*277.50

CR2E041 (10/08)

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

240 Power Court

Suite, Apt. #, etc.

#116

City & State

Sanford, FL

Zip

Country

32771

USA

3. Mailing Office Address

5319 Lake Bluff Terr

Suite, Apt. #, etc.

City & State

Sanford, FL

Zip

Country

32771

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified To Do Business in Florida

4/12/05

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

Rick Schretz

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

240 Power Court

Suite, Apt. #, Etc.

#116

City

Sanford

State

FL

Zip Code

32771

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

*Rick J. Schretz*

REGISTERED AGENT MUST SIGN

Date

10/6/09

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	Rick J. Schretz	5319 Lake Bluff Terr	Sanford FL 32771

REINSTATEMENT 08, 09

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

*Rick J. Schretz*

Date

10/14/09

Daytime Phone

407-342-1102

Typed or printed name of signing Managing Member/Manager

Rick J. Schretz