

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 APR 14 PM 4:02

DOCUMENT # L05000056266

1. Limited Liability Company's Name

David A. Gibbs LLC
L05000056266

600174182566
04/01/10--01046--016 **138.75
CR2E041 (11/09)

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

5109

NW 39 Ave

3. Mailing Office Address

P.O. Box 358855

Suite, Apt. #, etc.

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Suite, Apt. #, etc.

City & State

Gainesville, FL

City & State

Gainesville, FL

Zip

32606

Country

USA

Zip

32635

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

06/07/2005

6. FEI Number

20-2960503

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

David A. Gibbs Jr

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

3302 SW 75th St

Suite, Apt. #, Etc.

City

Gainesville

State

FL

Zip Code

32607

☒ 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

D.A. Gibbs Jr

REGISTERED AGENT MUST SIGN

Date

3/31/10

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	David A. Gibbs Jr.	P.O. Box 358855	Gainesville, FL 32635

600174182566
04/16/10--01002--004 **138.75

REINSTATEMENT 2009 2010

11. E-mail Address: davegibbs@your-realestatepro.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

D.A. Gibbs

Date 3/31/2010

Daytime Phone # (352) 318-0811

Typed or printed name of signing Managing Member/Manager

David A. Gibbs

T. Hampton APR 15 2010



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

10 APR 14 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

April 5, 2010

DAVID A. GIBBS, LLC
P O BOX 358855
GAINESVILLE, FL 32635

SUBJECT: DAVID A. GIBBS, LLC
Ref. Number: L05000056266

We have received your document for DAVID A. GIBBS, LLC and check(s) totaling \$138.75. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$138.75. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

Please return 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) 245-6855.

Tammy Hampton
Regulatory Specialist II

Letter Number: 910A00008279