

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 FEB -9 AM 10:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L05000058824**

1. Limited Liability Company's Name

Arron D Bain LLC

600167919276
02/03/10--01036--010 **516.25

CR2E041 (11/09)

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

644 Cam Bridge Ter

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

SAME

City & State

Weston FL

City & State

Zip

33326

Country

US

Zip

Country

4. State/Country of Formation

FL US

5. Date Organized or Qualified
To Do Business in Florida

7-15-2005

6. FEI Number

20-2996033

☒ 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

Arron D Bain

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

644 Cam Bridge Ter

Suite, Apt. #, Etc.

City

Weston

State

FL

Zip Code

33326

☐ 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

Arron Bain

REGISTERED AGENT MUST SIGN

Date **2/2/10**

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
MEM	ARRON D. BAIN	644 Cambridge Terrace	Weston, FL 33326

REINSTATEMENT 08-09

DB

11. E-mail Address. **ABAIN44@MAC.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

Date

Daytime Phone #

Typed or printed name of signing Managing Member/Manager