

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

L05000058927

JUN 11 PM 3:20

DOCUMENT # L05000058927

1. Limited Liability Company's Name

Steffan Associates, LLC

2006

BK

CR2E041 (1/11)

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

1624 Swann Lake Ave

Suite, Apt. #, etc.

3. Mailing Office Address

1624 Swann Lake Ave

Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Orlando FL

Zip

32809

Country

USA

Zip

32809

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified To Do Business in Florida

06/14/05

6. FEI Number

20-3024818

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

Thomas Steffan

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

1624 Swann Lake Dr.

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32809

E-mail Address:

300237029853

07/02/12--01017--004 **1176.25

+steffan14@msn.com

(To be used for future annual report notices)

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

[Signature]

Date 6/7/12

REGISTERED AGENT MUST SIGN

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
MGRM	Thomas Steffan	1624 Swann Lake Ave	Orlando, FL 32809

REINSTATEMENT 2006-2012

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

[Signature]

Date 6/7/12

Daytime Phone #

720-838-7777

Typed or printed name of signing Managing Member/Manager

Thomas Steffan