

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 JUN 15 PM 1:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000068945

1. Limited Liability Company's Name

Bruce A. Smathers, LLC

400153266104
04/28/09--01040--005 **337.50
CR2E041 (10/08)

2. Principal Office Address - No P.O. Box # 4051 Timuquana Road		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Jacksonville, FL		City & State	
Zip 32210	Country USA	Zip	Country

4. State/Country of Formation Florida / USA	
5. Date Organized or Qualified To Do Business in Florida 7/13/05	
6. FEI Number 208928355	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name Bruce A. Smathers	
Street Address (P.O. Box Number is Not Acceptable) 4051 Timuquana Road	
Suite, Apt. #, Etc.	
City Jacksonville	State FL Zip Code 32210

☐ 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

Bruce A. Smathers
REGISTERED AGENT MUST SIGN

Date March 17, 2009

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	Bruce A. Smathers	4051 Timuquana Road	Jacksonville, FL 32210

400153266104
06/17/09 01032 011 **40.00

REINSTATEMENT-08x09

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

Bruce A. Smathers
Bruce A. Smathers

Date 4/16/09

Daytime Phone # 904-874-4831

Typed or printed name of signing Managing Member/Manager