

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

07 OCT 10 PM 12:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

L05000069257

1. Limited Liability Company's Name

Bob Thames LLC

2. Principal Office Address - No P.O. Box #
1802 CR. 547 N.

3. Mailing Office Address
PO Box 160

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Davenport, Fl.

City & State

Davenport, Fl.

Zip
33836

Country
Polk

Zip
33836

Country
Polk

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida **6/2005**

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
Bob Thames

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

1802 CR. 547 N.

Suite, Apt. #, Etc.

City
Davenport

State
FL

Zip Code
33836

☐ 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

Bob Thames

Date

9-19-07

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
MEM.	Bob Thames	P.O. BOX 160	Davenport, FL 33836
			200109849022
			09/24/07--01070--010 **200.00

REINSTATEMENT

06/07

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

Bob Thames

Date

10-5-07

Daytime Phone #

863-422-5375

Typed or printed name of signing Managing Member/Manager