

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2009 MAY 27 PM 2:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # L05000074224**

1. Limited Liability Company's Name

Holbren, LLC

100150700131  
04/16/09--01044--017 \*\*382.50  
CR2E041 (10/08)

2. Principal Office Address - No P.O. Box # 905 Wild Cherry Ct		3. Mailing Office Address 905 Wild Cherry Ct	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Heathrow, FL		City & State Heathrow, FL	
Zip 32746	Country	Zip 32746	Country

4. State/Country of Formation New Jersey	
5. Date Organized or Qualified To Do Business in Florida	
6. FEI Number 20-3273665	Applied For <input checked="" type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name  
Spiegel & Utrera, P.A.

Street Address (P.O. Box Number is Not Acceptable)  
1840 SW 22nd St.

Suite, Apt. #, Etc.  
4th Floor

City Miami	State FL	Zip Code 33145
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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 \_\_\_\_\_

500156132225  
05/18/09 Date 01029 016 \*\*138.75

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
Mgr	Brian Gumper	905 Wild Cherry Ct	Heathrow, FL 32746
			S. HAWKES
			ARR 2/3/2009
			REINSTATEMENT
			REINSTATEMENT
			EXAMINER
			2008/09

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 Brian Gumper Date 4/1/09 Daytime Phone # 407-314-7408

Typed or printed name of signing Managing Member/Manager Brian Gumper