

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000076596

1. Limited Liability Company's Name

Robin DEAN LLC

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

1904 WAX MYRTLE CT

Suite, Apt. #, etc.

3. Mailing Office Address

1904 WAX MYRTLE CT

Suite, Apt. #, etc.

City & State

TALL FL

City & State

TALL FL

Zip

32305

Country

LEON

Zip

32305

Country

LEON

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified
To Do Business in Florida

8/4/2005

6. FEI Number

74-3193770

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

Robin DEAN

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

1904 WAX MYRTLE CT

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32305

☒ 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

Robin DEAN

REGISTERED AGENT MUST SIGN

Date 12/29/09

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
MAN	Robin DEAN	1904 WAX MYRTLE CT	TALL FL 32305
MAN	ELaine DEAN	1904 WAX MYRTLE CT	TALL FL 32305

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REINSTATEMENT

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11. E-mail Address.

(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

Robin DEAN

Date 12/29/09 Daytime Phone # 850 421-7203

Typed or printed name of signing Managing Member/Manager