

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

2009 SEP 15 AM 10:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500160670485
09/15/09--01013--013 **416.25

CR2E041 (10/08)

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # L05000077644

1. Limited Liability Company's Name

Joseph Stulb, LLC

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

136 SW 54th St.

Suite, Apt. #, etc.

3. Mailing Office Address

136 SW 54th St.

Suite, Apt. #, etc.

City & State

Cape Coral, Fl.

City & State

Cape Coral, Fl.

Zip

33914

Country

USA

Zip

33914

Country

USA

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified

To Do Business in Florida 08/04/2005

6. FEI Number

203274139

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

Joseph Stulb

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

136 SW 54th St.

Suite, Apt. #, Etc.

City

Cape Coral, Fl.

State

FL

Zip Code

33914

☒ 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

REGISTERED AGENT MUST SIGN

Date

9-11-09

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
MGR	Joseph Stulb	136 SW 54th St.	Cape Coral, Fl., 33914

REINSTATEMENT 07-09
AL

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

Date

9-11-09

Daytime Phone #

239-210-8276

Typed or printed name of signing Managing Member/Manager