

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # L 05000089774**

1. Limited Liability Company's Name

vanrooyen, LLC

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

16312 Armstrong PL

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33647

Country

USA

3. Mailing Office Address

16312 Armstrong PL

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33647

Country

USA

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified  
To Do Business in Florida

09/13/2005

6. FEI Number

203447862

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

Leon van Rooyen

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

16312 Armstrong PL

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33647

E-mail Address:

000209430070

06/28/11--01024--010 \*\*238.75

leon@ymrinc.org

(To be used for future annual report notices)

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

06/21/11

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	Leon van Rooyen	16312 Armstrong PL	Tampa, FL, 33647

REINSTATEMENT 09-11

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing  
Member/Manager

Date

06/21/11

Daytime Phone #

813 3171031

Typed or printed name of signing Managing Member/Manager

N. Culligan

JUL 20 2011

FILED

11 JUL 19 AM 10:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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