

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 APR 10 PM 1:01

**DOCUMENT # L05000090076**

1. Limited Liability Company's Name

**BOTFLY LLC**

CR2E041 (12/07)

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

12709 Clocktower Parkway

Suite, Apt. #, etc.

City & State

Bayonet Point, Florida

Zip

34667

Country

U.S.

3. Mailing Office Address

5745 SW 75 St.

Suite, Apt. #, etc.

#275

City & State

Gainesville, Florida

Zip

32608

Country

U.S.

4. State/Country of Formation

Florida / U.S.

5. Date Organized or Qualified  
To Do Business in Florida

September 13, 2005

6. FEI Number  
20-3507465

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

David R. Lewalski

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

5745 SW 75 St.

Suite, Apt. #, Etc.

#275

City

Gainesville

State

FL

Zip Code

32608

☐ 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 4/7/2008

**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
			000122770830 04/10/08--01004--005 **521.25
MGR	LEWALSKI, DAVID R	12709 CLOCKTOWER PARKWAY	BAYONET POINT, FL 34667

**REINSTATEMENT 2006-08**

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 04/07/2008

Daytime Phone # 727-656-3058

Typed or printed name of signing Managing Member/Manager David R. Lewalski