

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
10 JUN -3 PM 3:59  
TALLAHASSEE, FLORIDA

DOCUMENT # L05000095011

1. Limited Liability Company's Name

Ramsier Group LLC

600180496396  
05/06/10--01034--005 \*\*238.75

CR2E041 (11/09)

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

14614 Vellenx Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

14614 Vellenx Dr.

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32837

Country

USA

City & State

Orlando, FL

Zip

32837

Country

USA

4. State/Country of Formation

5. Date Organized or Qualified  
To Do Business in Florida

9/28/05

6. FEI Number

N/A

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

John Ramsier

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

14614 Vellenx Dr.

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32837

☐ 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

John D. A.

REGISTERED AGENT MUST SIGN

Date

5/1/10

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
Mgt.	<u>Heather Ramsier</u>	<u>14614 Vellenx Dr.</u>	<u>Orlando, FL 32837</u>

**S. HAWKES**

MAY 12 2010

**EXAMINER**

11. E-mail Address: theramsier@yahoo.com

(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

John D. A.

Date

5/1/10

Daytime Phone #

407-857-9484

Typed or printed name of signing Managing Member/Manager

John Ramsier



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 12, 2010

RAMSIER GROUP, LLC  
14614 VELLENX DR  
ORLANDO, FL 32837

SUBJECT: RAMSIER GROUP, LLC  
Ref. Number: L05000095011

We have received your document for RAMSIER GROUP, LLC and your check(s) totaling \$238.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fees to reinstate the limited liability company are as follows: \$100 reinstatement fee; \$138.75 filing fee for current year. Therefore, the total amount due to reinstate the limited liability company at this time is \$516.25.

Please include an additional \$5.00 for each certificate of status requested (optional).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes  
Regulatory Specialist II

Letter Number: 210A00012053