

09/17/2007

14:34

813-310-7927

CRS

PAGE 02

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 SEP 17 AM 8:48

FILED

LIMITED LIABILITY
COMPANY
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT

1. Limited Liability Company's Name

L05000096332

James R. Binion, LLC

2. Principal Office Address - No P.O. Box #
13003 WHISPER SOUND DRIVE

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
TAMPA, FL

City & State

Zip
33618Country
USA

Zip

Country

CR2E041 (1/07)

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

9/30/2005

6. FEI Number
203549905

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
BINION, JAMES RStreet Address (P.O. Box Number is Not Acceptable)
13003 WHISPER SOUND DRIVE

Suite, Apt. #, Etc.

City
TAMPAState
FLZip Code
33618☒ 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 09/17/2007

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
MGRM	BINION, JAMES R	13003 WHISPER SOUND DRIVE	TAMPA, FL 33618

REINSTATEMENT 07

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 09/17/2007

Daytime Phone # 813-310-7927

Typed or printed name of signing Managing Member/Manager BINION, JAMES R

Florida Department of State
Division of Corporations
Public Access System

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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : CONTRACTORS REPORTING SERVICES, INC.
Account Number : I20050000099
Phone : (813) 932-5244
Fax Number : (813) 932-3782

LIMITED LIABILITY REINSTATEMENT

JAMES R. BINION, LLC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$200.00

100.00

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TALLAHASSEE, FLORIDA

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